## Exhibit D

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           IN THE COURT OF COMMON PLEAS
        PHILADELPHIA COUNTY, PENNSYLVANIA
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     IN RE:
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     PELVIC MESH/GYNECARE : MAY TERM, 2013
     LITIGATION
 5
     PATRICIA L. HAMMONS, :
 6
            Plaintiff,
            v.
     ETHICON, INC., et al.,:
 7
            Defendants. : NO. 003913
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 9
                DECEMBER 13, 2015
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11
                  Videotape deposition of JOYE
     LOWMAN, M.D., taken pursuant to notice,
12
     was held at the law offices of Drinker
13
     Biddle and Reath, LLP, One Logan Square,
14
15
     18th and Cherry Streets, Suite 2000,
     Philadelphia, Pennsylvania 19103,
16
     commencing at 2:00 p.m., on the above
17
18
     date, before Amanda Dee Maslynsky-Miller,
19
     a Certified Realtime Reporter and Notary
     Public in and for the Commonwealth of
20
21
     Pennsylvania.
22
             GOLKOW TECHNOLOGIES, INC.
          877.370.3377 ph 917.591.5672 fax
23
                 deps@golkow.com
24
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Page 2
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   APPEARANCES:
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3
       MAZIE SLATER KATZ & FREEMAN, LLC
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       BY: ADAM SLATER, ESQUIRE
                                                                      4
       103 Eisenhower Parkway
4
                                                                          Testimony of: JOYE LOWMAN
       2nd Floor
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5
       Roseland, New Jersey 07068
                                                                            By Mr. Ismail
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       (973) 228-9898
                                                                                                184, 369
                                                                            By Mr. Slater
6
       Aslater@mskf.net
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       Representing the Plaintiff
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                                                                                 EXHIBITS
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       KLINE SPECTER, P.C.
                                                                                  DESCRIPTION
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       BY: SHANIN SPECTER, ESQUIRE
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       BY: KILA B. BALDWIN, JD, MBA, LLM
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                                                                          Lowman-1 September 2007 E-mail
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       1525 Locust Street
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       19th Floor
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       Philadelphia, Pennsylvania 19102
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       (215) 772-1000
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       Shanin.Specter@KlineSpecter.com
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       Kila.baldwin@klinespecter.com
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14
       Representing the Plaintiff
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16
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                                                                                 J. Lowman, M.D.
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       GOLDMAN ISMAIL TOMASELLI BRENNAN &
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                                                                      18
       BAUM LLP
                                                                                 C. Owens
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18
       BY: TAREK ISMAIL, ESQUIRE
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       564 West Randolph Street
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       Suite 400
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       Chicago, Illinois 60661
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       (312) 681-6000
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       Tismail@goldmanismail.com
                                                                                 Dr. Klinge
21
       Representing the Defendant
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     APPEARANCES: (Continued)
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                                                                                   DEPOSITION SUPPORT INDEX
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          TUCKER ELLIS, LP
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          BY: MATTHEW P. MORIARTY, ESQUIRE
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                                                                            Direction to Witness Not to Answer
          950 Main Avenue
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          Suite 1100
          Cleveland, Ohio 44113
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          (216) 592-5000
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          Matthew.moriarty@tuckerellis.com
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9
    ALSO PRESENT: David Lane, Videographer
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2 (It is hereby stipulated and agreed by and among counsel that sealing, filing and certification are waived; and that all objections, except as to the form of the question, will be reserved until the time of trial.)  9			Page 6			Page 8
agreed by and among counsel that sealing, filing and certification are waived; and that all objections, except as to the form of the question, will be reserved until the time of trial.)  NIDEO TECHNICIAN: We're now on the record. My name is David Lane, videographer for Golkow Technologies. Today's date is December 13th, 2015. Our time is Laking place in Philadelphia, Pensylvania, in the matter of Ratricia Hammons versus Ethicon, Inc., et al. Our deponent today Stenographic record. Our court reporter today is Amanda Miller and will now swear in the witness.  Page 9  1  1  1  1  2  3  Q. And do you understand that the testimony you're giving today will be shown to the jury on Tuesday or Wednesday of this week? 7  A. I did. Q. Dottor, did you want to have an opportunity to actually appear in court and testify to the jury in the Hammons case? 1. 1. 2. I fact, are we here today 1. 2. I fact, are we here today 1. 2. I fact, are we here today 1. 2. I will be unable to appear in person on 1. 3. A. It's my understanding that 1. 4. It's my understanding that 1. 5. shown to the jury on Tuesday or Wednesday of this week? 7  7  A. I did. Q. Dif act, are we here today 1. 2. I fact, are we here today 1. 3. A. It's my understanding that 1. 4. Yes, we are. Q. Why is it, Doctor, that you 1. 4. I particia Hammons case? 1. 4. I did. 4. I fact, are we here today 1. 4. I fact, are we here today 1. 5. A. Yes, we are. Q. Why is it, Doctor, that you 1. 4. I will be unable to appear in person on 1. 5. A. I's my understanding that 1. 6. Q. Wednesday of Wednesday of this week? 1. 7. A. I's my understanding that 1. 8. I's my understanding that 1. 9. I will be unable to appear in person on 1. 1. 1. I will be unable to appear in person on 1. 1. I will be unable to appear in person on 1. 1. Well be unable to appear in person on 1. 1. I will be unable to appear in person on 1. 1. I will be unable to appear in person on 1. 1. I will be unable to appear in person on 1. 2. I was scheduled to testify to the jury in the 1. 2. I was defected the sch	1			1	trial?	
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8	2 3 4 5	having been duly sworn, was examined and testified as follows:	Page 7	2 3 4 5	surgical cases scheduled, as well as patient visits, office visits, scheduled and I don't want to compromise the care of those patients.	Page 9
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5 Q. And is that why we're here 6 today on a Sunday taking your testimony? 7 MR. SLATER: Objection. 8 THE WITNESS: Yes, it is. 9 BY MR. ISIAMIL: 10 Q. Doctor, have we have we 11 asked you to analyze certain topics and 12 to discuss your findings with the jury? 13 A. You have. 14 Q. Have we asked you to discuss 15 the disease of pelvic organ prolapse? 16 A. You have. 17 Q. And the treatment and the 18 various options that are that have 19 been used by surgeons to treat that 20 condition? 21 A. Yes. 22 Q. Have we also asked you to 23 analyze Patricia Hammons' medical 24 history, particularly as it relates to  1 her use of PROLIFT® to treat pelvic organ 2 prolapse? 1 her use of PROLIFT® to treat pelvic organ 2 prolapse? 2 A. Okay. 9 A.		THE WITNESS: Yes, I do.		3	an interest in scientific research?	
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		Page 14			Page 16
1	order to follow the career path you set		1	case?	ı
2	out for yourself?		2	A. Very much so.	
3	A. I did. I went to fellowship		3	Q. How long was your fellowship	
4	at Indiana University after my residency		4	at Indiana University?	
5	program.		5	A. Three years.	
6	Q. What was your residency		6	Q. And what types of training	
7	program?		7	did you engage in while in fellowship	
8	A. It was residency program		8	there?	
9	in female I'm sorry, residency was		9	A. We evaluated complex female	
10	general obstetrics and gynecology.		10	pelvic medicine and reconstructive	
11			11	surgery issues. It was a tertiary	
12	Q. And where did you do that?				
	A. At Abington.		12	tertiary referral center, so anything	
13	Q. And what type of training		13	dealing with matters of female pelvic	
14	did you get as part of your residency		14	floor dysfunction, which includes urinary	
15	program in obstetrics and gynecology?		15	incontinence, pelvic organ prolapse,	
16	A. We trained in the evaluation		16	fecal incontinence and pelvic pain.	
17	and treatment of general obstetrics and		17	Q. Are you board certified,	
18	gynecologic issues.		18	Doctor?	
19	Q. And then you were starting		19	A. I am.	
20	to tell us that you did some additional		20	Q. In what areas are you board	
21	training.		21	certified?	
22	Was that through a		22	<ul> <li>A. General obstetrics and</li> </ul>	
23	fellowship?		23	gynecology and in female pelvic medicine	
24	A. That was through a		24	and reconstructive surgery.	
		Page 15			Page 17
1	fellowship.	Page 15	1	Q. So you have both board	Page 17
1 2	fellowship. Q. And what was your fellowship	Page 15	1 2	Q. So you have both board certifications?	Page 17
	•	Page 15			Page 17
2	Q. And what was your fellowship	Page 15	2	certifications?	Page 17
2 3 4	Q. And what was your fellowship training? A. It's my fellowship	Page 15	2 3 4	certifications?  A. I do. Q. Doctor, have you conducted	Page 17
2 3 4 5	Q. And what was your fellowship training? A. It's my fellowship training was at Indiana University in	Page 15	2 3 4 5	certifications? A. I do. Q. Doctor, have you conducted clinical research in your career?	Page 17
2 3 4	Q. And what was your fellowship training? A. It's my fellowship training was at Indiana University in female pelvic medicine and reconstructive	Page 15	2 3 4	certifications? A. I do. Q. Doctor, have you conducted clinical research in your career? A. I have.	Page 17
2 3 4 5 6 7	Q. And what was your fellowship training? A. It's my fellowship training was at Indiana University in female pelvic medicine and reconstructive surgery. Luckily, they are one of very	Page 15	2 3 4 5 6 7	certifications?  A. I do. Q. Doctor, have you conducted clinical research in your career?  A. I have. Q. Can you describe for the	Page 17
2 3 4 5 6 7 8	Q. And what was your fellowship training? A. It's my fellowship training was at Indiana University in female pelvic medicine and reconstructive surgery. Luckily, they are one of very few locations that also have a CITE	Page 15	2 3 4 5 6	certifications?  A. I do. Q. Doctor, have you conducted clinical research in your career? A. I have. Q. Can you describe for the members of the jury, just briefly, what	Page 17
2 3 4 5 6 7 8 9	Q. And what was your fellowship training? A. It's my fellowship training was at Indiana University in female pelvic medicine and reconstructive surgery. Luckily, they are one of very few locations that also have a CITE training program, that stands for	Page 15	2 3 4 5 6 7 8 9	certifications?  A. I do. Q. Doctor, have you conducted clinical research in your career? A. I have. Q. Can you describe for the members of the jury, just briefly, what that clinical research some examples	Page 17
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And what was your fellowship training?  A. It's my fellowship training was at Indiana University in female pelvic medicine and reconstructive surgery. Luckily, they are one of very few locations that also have a CITE training program, that stands for clinical investigator training enhancement program, sponsored by the NIH, to, basically, train clinical scientists.  Q. Is that additional training in clinical scientific methods and research, is that a part of every fellowship program that's out there?  A. It's not. Q. Is that a unique aspect of your professional training that A. It is. Q that is did you find	Page 15	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I do. Q. Doctor, have you conducted clinical research in your career? A. I have. Q. Can you describe for the members of the jury, just briefly, what that clinical research some examples of the work that you have done to contribute to clinical science? A. Certainly. I have performed basic science, as I said, when I was an undergraduate. And then in terms of peer-reviewed publications, I've studied dyspareunia rates in particular after the PROLIFT®, as well as risk factors for mesh erosion after mesh augmented pelvic organ prolapse repair. Q. So do I understand correctly, Doctor, that you have actually done clinical research in the areas of	Page 17

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1 2 3 4 5	Q. Have you also done research that looked at the PROLIFT® in particular?  A. I have. Q. Have you published research	Page 18	1 2 3 4 5	position?  A. I'm currently the module lead for the urogynecology department at Kaiser.  Q. First of all, what is	Page 20
6	in the peer-reviewed medical literature?		6	Kaiser?	
7	A. I have.		7	A. Kaiser is a health	
8	Q. And does that include some of the research you've already described		8 9	management organization where a health plan or insurance company employs	
10	for us in polypropylene meshes and		10	physicians to care for the patients that	
11	PROLIFT® in particular?		11	have that insurance.	
12	A. Yes.		12	Q. And do you have privileges	
13	Q. Doctor, have you, throughout		13	at hospitals in Atlanta?	
14 15	your career, had experience surgically implanting mesh material?		14 15	<ul><li>A. I do.</li><li>Q. Is that where you perform</li></ul>	
16	A. I have.		16	surgery and see patients?	
17	Q. Polypropylene mesh?		17	A. Yes.	
18	A. Yes.		18	Q. What does it mean to be a	
19 20	Q. Does that include experience implanting the PROLIFT®?		19 20	module lead? Or, basically, describe what your duties are in the position you	
21	A. Yes.		21	currently hold.	
22	Q. Can you give us first of		22	A. I, basically, oversee the	
23	all, Doctor, when did you first gain		23	department. The department is focused on	
24	experience implanting the PROLIFT®		24	evaluating and treating female pelvic	
		Daga 10			
		PAGE 19			Page 21
1	through the procedure that was developed	Page 19	1	floor dysfunction, and I oversee that	Page 21
1 2	through the procedure that was developed for that medical product?	Page 19	1 2	floor dysfunction, and I oversee that process. I have one partner or	Page 21
2	for that medical product?  A. In my fellowship.	Page 19	2 3	process. I have one partner or colleague, another physician, that works	Page 21
2 3 4	for that medical product?  A. In my fellowship.  Q. Was that at Indiana	Page 19	2 3 4	process. I have one partner or colleague, another physician, that works with me, and we have three nurses that	Page 21
2 3 4 5	for that medical product?  A. In my fellowship. Q. Was that at Indiana University that you've described for us	Page 19	2 3 4 5	process. I have one partner or colleague, another physician, that works with me, and we have three nurses that work with us.	Page 21
2 3 4 5 6	for that medical product?  A. In my fellowship. Q. Was that at Indiana University that you've described for us already?	Page 19	2 3 4 5 6	process. I have one partner or colleague, another physician, that works with me, and we have three nurses that work with us.  Q. And what types of conditions	Page 21
2 3 4 5 6 7	for that medical product?  A. In my fellowship. Q. Was that at Indiana University that you've described for us already?  A. Yes.	Page 19	2 3 4 5	process. I have one partner or colleague, another physician, that works with me, and we have three nurses that work with us.  Q. And what types of conditions do you treat in your clinical practice?	Page 21
2 3 4 5 6	for that medical product?  A. In my fellowship. Q. Was that at Indiana University that you've described for us already?	Page 19	2 3 4 5 6 7	process. I have one partner or colleague, another physician, that works with me, and we have three nurses that work with us.  Q. And what types of conditions do you treat in your clinical practice?	Page 21
2 3 4 5 6 7 8 9	for that medical product?  A. In my fellowship. Q. Was that at Indiana University that you've described for us already?  A. Yes. Q. Do you have an estimate, Doctor, as to how many PROLIFT® procedures you have performed in your	Page 19	2 3 4 5 6 7 8 9 10	process. I have one partner or colleague, another physician, that works with me, and we have three nurses that work with us.  Q. And what types of conditions do you treat in your clinical practice?  A. We treat anything that deals with the female pelvis, in particular as it relates to female pelvic floor	Page 21
2 3 4 5 6 7 8 9 10	for that medical product?  A. In my fellowship. Q. Was that at Indiana University that you've described for us already?  A. Yes. Q. Do you have an estimate, Doctor, as to how many PROLIFT® procedures you have performed in your career?	Page 19	2 3 4 5 6 7 8 9 10 11	process. I have one partner or colleague, another physician, that works with me, and we have three nurses that work with us.  Q. And what types of conditions do you treat in your clinical practice?  A. We treat anything that deals with the female pelvis, in particular as it relates to female pelvic floor dysfunction. So, again, urinary	Page 21
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		Page 22	_	D. 1	Page 24
1	A. It is.		1	Did you review material such	
2	Q. Doctor, have you described		2	as the patient brochures, the surgical	
3	for us your background, training,		3	technique guide and the surgeon's	
4	experience and research about pelvic		4	monograph?	
5	organ prolapse, vaginal mesh, vaginal		5	A. I did.	
6	mesh procedures and pelvic surgery?		6	Q. Did you consider, as part of	
7	A. Yes.		7	your work preparing your opinions in this	
8	MR. ISMAIL: At this time,		8	case, the relevant medical literature on	
9	I'd like to offer Dr. Lowman as an		9	the issues you were asked to investigate?	
10	expert in urogynecology, including		10	A. Yes.	
11			11		
	pelvic reconstructive surgery,			Q. Did you also, as part of	
12	vaginal mesh, vaginal mesh		12	forming your opinions, consider your	
13	procedures and the PROLIFT® in		13	experience, both as a clinical researcher	
14	particular.		14	and as a clinician treating women with	
15	MR. SLATER: We'll reserve.		15	this condition?	
16	BY MR. ISMAIL:		16	A. I did.	
17	Q. Doctor, have you reached		17	Q. Doctor, did you feel it was	
18	opinions in this case about the use of		18	important, as part of your work, to	
19	PROLIFT® to treat pelvic organ prolapse?		19	review internal company e-mails?	
20	A. I have.		20	A. No.	
21	Q. Have you reached opinions in		21	Q. Why not?	
22	this case related to Mrs. Hammons'		22	A. Because that's not what I	
23	medical history, particularly as it		23	base my clinical decisions on. I	
24	relates to her pelvic floor disease and		24	practice what is known as evidence-based	
27	relates to her pervicinoor disease and		27	practice what is known as evidence based	
		Page 23			Page 25
1	her use of PROLIFT®?	Page 23	1	medicine, meaning that I use evidence in	Page 25
1 2		Page 23		medicine, meaning that I use evidence in science, which is research studies, to	Page 25
2	A. I have.	Page 23	2	science, which is research studies, to	Page 25
2 3	<ul><li>A. I have.</li><li>Q. Doctor, will all the offers</li></ul>	Page 23	2	science, which is research studies, to base my clinical opinions on.	Page 25
2 3 4	A. I have. Q. Doctor, will all the offers you offer today be to a reasonable degree	Page 23	2 3 4	science, which is research studies, to base my clinical opinions on.  Q. Doctor, did you examine Mrs.	Page 25
2 3 4 5	A. I have. Q. Doctor, will all the offers you offer today be to a reasonable degree of medical certainty?	Page 23	2 3 4 5	science, which is research studies, to base my clinical opinions on. Q. Doctor, did you examine Mrs. Hammons in this case?	Page 25
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Page 26 Page 28 1 THE WITNESS: That's 1 Q. Can you give the jury a 2 sense of the -- how significant of a correct. 2 3 3 public health issue pelvic organ prolapse BY MR. ISMAIL: 4 4 Q. Doctor, have you charged for the time that you have spent working on 5 5 A. Certainly. Pelvic organ 6 6 prolapse is a very significant issue in this case? 7 7 this country and all over the world. It A. I have. 8 8 Q. And at what hourly rate? is the most common indication for 9 9 \$400 an hour. hysterectomy in this country, and over 60 10 And if I -- do you have an 10 percent of women who have had children Ο. estimate, Doctor, for the number of hours are affected. 11 11 that you have spent on Mrs. Hammons' case Q. What are some of the risk 12 12 in particular to arrive at the opinions factors that can lead to the development 13 13 you'll offer today? of pelvic organ prolapse? 14 14 A. The biggest risk factor is 15 A. I have been evaluating 15 childbirth. That has been shown to multiple cases, so it's not an exact 16 16 estimate. But if I had to guess, I would increase the risk of prolapse in a 17 17 18 guess around 100 hours. 18 dose-response relationship, which means that the more babies you've had, the 19 Q. Let me rephrase my question 19 greater your risk of developing prolapse. 20 and ask it this way -- new question. 20 21 Can you give me an estimate 21 Aging is the second biggest 22 just about the amount of time that you 22 risk factor. 23 spent on Mrs. Hammons' case, to date, 23 Chronic heavy lifting or 24 that brought you to the point to offer 24 straining, tobacco use, obesity; those Page 27 Page 29 the opinions you're going to tell to the 1 are the main ones. 1 2 2 Doctor, do you see a range jury? 3 3 of symptoms in patients you treat who Α. Approximately 100 hours. 4 Q. Doctor, I want to start with 4 have pelvic organ prolapse? 5 the condition that the jury has heard a 5 A. I do. 6 lot about and that is pelvic organ 6 Q. What are some of the 7 prolapse, okay? 7 symptoms you've seen, clinically, in 8 patients who are presenting with this 8 Α. Okav. 9 9 And at this point in the disease? trial, the jury has heard a lot about 10 10 Most patients present with 11 pelvic organ prolapse. So I don't want 11 the chief complaint of feeling or sensing to go over a description of the a vaginal bulge. Many patients will 12 12 describe discomfort in particular with 13 disease -- withdrawn. 13 intercourse from pelvic organ prolapse. 14 Doctor, I want to start with 14 Some describe difficulty being able to 15 discussing the public health impact of 15 16 pelvic organ prolapse as you've seen it 16 urinate. Some describe difficulty being as a clinical researcher and as a 17 able to have bowel movements. 17 clinician in this field, okay? Those are probably the main 18 18 A. Okay. 19 19 ones. 20 Do you have statistics that 20 Q. MR. SLATER: I just want to 21 you use in your clinical research or as 21 say one thing for the record. I'm you counsel patients as to the prevalence 22 going to start to object every 22 of pelvic organ prolapse? time you use the word "disease." 23 23 I think it's mischaracterizes 24 A. I do. 24

1					
		Page 30			Page 32
1	what's really happening.		1	common it is to have this problem of	
2	MR. ISMAIL: I appreciate		2	recurrence of a prolapse?	- 1
3	that.		3	A. I do.	- 1
4	BY MR. ISMAIL:		4	Q. And can you tell the jury	- 1
5	Q. Doctor, do you new		5	some of that information?	- 1
6	question.		6	A. Certainly. Over 50 percent	- 1
7	Doctor, do you believe that		7	of patients that have repair, in	- 1
8	surgical intervention is appropriate for		8	particular of the anterior compartment,	- 1
9	patients who have symptoms of pelvic		9	which means the bladder, or a cystocele,	- 1
10	organ prolapse?		10	will have recurrence of that prolapse	- 1
11	A. Yes.		11	without the use of mesh.	- 1
12	Q. Is that a belief that is		12	Q. Is there a particular	- 1
13	•		13	•	- 1
	supported, in your view, in the medical			patient type that is most vulnerable to a	- 1
14	community?		14	recurrence of a prolapse?	- 1
15	A. Yes.		15	A. Yes.	- 1
16	Q. Doctor, the jury has heard		16	Q. Can you tell the jury the	- 1
17	that watching and waiting is sometimes		17	characteristics of a patient who is most	- 1
18	appropriate for a woman who is presenting		18	vulnerable for that?	- 1
19	with this condition.		19	A. Yes. So there are risk	- 1
20	Is that sometimes true?		20	factors for the development of prolapse	- 1
21	A. Yes.		21	recurrence. Many of those risk factors	- 1
22	Q. What is to be expected if a		22	overlap with development of prolapse in	- 1
23	patient does not receive any treatment		23	the first place.	
24	for a prolapse with respect to the		24	So childbirth, obviously, is	
					-
		Page 31			Page 33
1	condition itself?		1	not going to be something that is going	- 1
2	A. Most likely, it will		2	to develop subsequently. But aging,	- 1
3	progress.		3	chronic heavy lifting, smoking, obesity	- 1
4	Q. And so if a patient receives		4	and multicompartment prolapse; in	- 1
5	no treatment for a prolapse, what would		5	addition to the grade of prolapse or the	
6	be the expected course of that condition		6	stage of prolapse are all all indicate	
7	over time?		•	stage of prolapse are all all indicate	- 1
_	over unie:		7	that the patient may have an increased	
8	A. It most likely will worsen				
8			7	that the patient may have an increased	
	A. It most likely will worsen over time.		7 8	that the patient may have an increased risk of recurrence.  Q. So one of the things that	
9 10	A. It most likely will worsen over time.		7 8 9 10	that the patient may have an increased risk of recurrence.  Q. So one of the things that you said in your last answer was	
9 10 11	A. It most likely will worsen over time. Q. Now, Doctor, the jury has heard this term "recurrence."		7 8 9 10 11	that the patient may have an increased risk of recurrence.  Q. So one of the things that you said in your last answer was multicompartment prolapse. And I think	
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	Page 34			Page 36
1	Q. If a patient has multiple	1	patients with pelvic organ prolapse. But	Ĭ
2	organ prolapse but receives treatment for	2	many of my GYN colleagues, many of my	
3	only one of those prolapse conditions,	3	urogyn colleagues are not trained to do	
4	what is to be expected about the	4	abdominal sacrocolpopexy, for example, so	
5	compartment that did not receive	5	that particular treatment is not an	
6	treatment?	6	option for every patient.	
7	A. It most likely will	7	Q. So have we put on the	
8	progress.	8	screen, Doctor, a graph that you helped	
9	Q. Now, Doctor, I want to talk	9	us to put together to explain this	
10	about the surgical options for prolapse,	10	concept?	
11	particularly as it relates to 2009, which	11	A. Yes.	
12	is the time frame that Mrs. Hammons was	12	Q. So when you talk about	
13	receiving her treatment for the	13	patient factors, are those factors	
14	condition, okay?	14	specific to the patient who is	
15	A. Okay.	15	experiencing the condition?	
16	•	16	A. Yes.	
	Q. Were you a practicing			
17	surgeon in 2009?	17	Q. And what were some of those	
18	A. I was.	18	factors again?	
19	Q. And was part of your	19	A. The patient's medical	
20	practice treating women like Mrs. Hammons	20	condition. We call it their	
21	who had pelvic organ prolapse?	21	comorbidities, meaning, are they	
22	A. Yes.	22	diabetic? Are they hypertensive? Do	
23	Q. Doctor, what are are	23	they are they obese? Things that put	
24	there factors that influence what surgery	24	them at risk for surgical complications.	
	Page 35			Page 37
1	Page 35 a surgeon may recommend to a patient who	1	We have to consider that.	Page 37
1 2		1 2	We have to consider that. The degree of their	Page 37
2	a surgeon may recommend to a patient who		The degree of their	Page 37
2	a surgeon may recommend to a patient who is experiencing prolapse?  A. Yes.	2	The degree of their prolapse. How bad is their prolapse?	
2 3 4	a surgeon may recommend to a patient who is experiencing prolapse?  A. Yes. Q. And can you tell us what	2 3 4	The degree of their prolapse. How bad is their prolapse? How aggressive do we think we have to be?	
2 3 4 5	a surgeon may recommend to a patient who is experiencing prolapse?  A. Yes. Q. And can you tell us what those are?	2 3 4 5	The degree of their prolapse. How bad is their prolapse? How aggressive do we think we have to be? And then in terms of surgeon	
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		Page 38			Page 40
1	want to do a vaginal procedure for a		1	animal?	
2	patient but if you don't have a vaginal		2	A. Right.	
3	product that works well, that's not going		3	Q. Did Mrs. Hammons have all	
4	to be an option for you. So it talks		4	three of those types of surgeries over	
5	about the fact of what I mean by that		5	time?	
6	is, you know, what products are available		6	A. She did.	
7	and how well they work.		7		
	•				
8	Q. And do some of the surgeries		8	that all surgical procedures carry	
9	that you've described use polypropylene		9	potential risks along with hope for	
10	mesh?		10	benefits?	
11	A. Yes.		11	A. Yes.	
12	Q. Is abdominal sacrocolpopexy		12	Q. Is that true in the field of	
13	an example of a surgery that uses		13	pelvic reconstructive surgery?	
14	polypropylene mesh?		14	A. Yes.	
15	A. Yes.		15	Q. What are some of the	
16	Q. Is the PROLIFT® an example		16	potential complications or drawbacks of a	
17	of transvaginal mesh?		10 17	·	
				surgical repair of a pelvic organ	
18	A. It is.		18	prolapse?	
19	Q. Are there other types of		19	A. So some of the potential	
20	surgeries that rely on the patient's own		20	complications with repair of pelvic organ	
21	native tissues?		21	prolapse are general to all surgeries.	
22	A. Yes.		22	So risks of bleeding, risk of infection,	
23	Q. Are there surgeries that use		23	risk of damage to the organs that you're	
24	different material that different		24	working around.	
				<b>5</b>	
		Page 39			Page 41
1	biologic material that can be used to	Page 39	1	There are other potential	Page 41
1 2	biologic material that can be used to repair a prolapse?	Page 39	1 2	There are other potential risks that are inherent to prolapse	Page 41
2	repair a prolapse?	Page 39	2	risks that are inherent to prolapse	Page 41
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	repair a prolapse?  A. Yes. Q. Can you give us an example of those biologic materials? A. Yes. So there are grafts that we have available to repair pelvic organ prolapse. Most of them are taken from other animals, those are called xenografts; they come from either pig, which is called porcine graft, or cow, which is called a bovine graft. Q. Let me stop you there for a minute, Doctor. So you've described that there's polypropylene mesh that can be implanted transvaginally, correct? A. Right. Q. And you described native tissue repair surgery, correct? A. Correct.	Page 39	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	risks that are inherent to prolapse surgeries, and mostly postop complications, which is failure to cure or recurrence of prolapse. And if you're using mesh augmentation, there's the risk of mesh erosion or a mesh complication.  Q. Are there what are the benefits that a surgeon is trying to accomplish when recommending a surgery for pelvic organ prolapse?  A. The goal of surgery for pelvic organ prolapse is to restore normal anatomy and function.  Q. Now, let's talk about the PROLIFT® in particular.  You told the jury already that your experience included 150 surgeries implanting the PROLIFT®; is that correct?  A. That's correct.	Page 41

		Page 42			Page 44
1	A. Because I feel that it's a		1	treated equally in evidence-based	
2	safe and effective procedure.		2	medicine?	
3	Q. When you recommended a		3	<ul><li>A. It should not be. That's</li></ul>	
4	PROLIFT® for your patients, what goal		4	not that's what evidence-based	
5	were you trying to accomplish for your		5	medicine is, not figuring out what	
6	patient?		6	evidence is strongest, meaning which	
7	A. I wanted to restore normal		7	evidence is most reliable.	
8	anatomy and function.		8	Q. So is some types of	
9	Q. And when you recommended the		9	scientific evidence more reliable than	
10	PROLIFT®, did you believe that it was a		10	others?	
11	safe and effective procedure for your		11	A. Yes.	
	· · · · · · · · · · · · · · · · · · ·				
12	patients?		12	Q. Is there an accepted ranking	
13	A. I do. I did.		13	of reliability when it comes to reviewing	
14	Q. And in terms of the success		14	scientific evidence when you're trying to	
15	of treating a pelvic organ prolapse, has		15	answer important medical questions?	
16	the PROLIFT® been shown to be effective		16	A. Yes.	
17	in treating the condition?		17	Q. Doctor, we have on the	
18	A. Yes.		18	screen here a pyramid.	
19	Q. Now, Doctor, you already		19	Can you just give the jury	
20	told the jury about the term		20	an overview of what we're looking at	
21	"evidence-based medicine."		21	here?	
22	Do you recall saying that		22	A. Yes. So this pyramid	
23	earlier in your testimony?		23	depicts what we refer to as levels of	
24	A. I do.		24	evidence. That means that evidence is	
_ '	711 1 001			evidence Triac means that evidence is	
		Page 43			Page 45
1	O Explain to the jury what	Page 43	1	graded in a hierarchal fashion so that at	Page 45
1	Q. Explain to the jury what	Page 43	1	graded in a hierarchal fashion so that at	Page 45
2	evidence-based medicine is.	Page 43	2	the top of the grading scale are the	Page 45
2 3	evidence-based medicine is.  A. Evidence-based medicine is	Page 43	2	the top of the grading scale are the types of studies that provide us the most	Page 45
2 3 4	evidence-based medicine is.  A. Evidence-based medicine is using science to make decisions about how	Page 43	2 3 4	the top of the grading scale are the types of studies that provide us the most reliable evidence, and at the bottom of	Page 45
2 3 4 5	evidence-based medicine is.  A. Evidence-based medicine is using science to make decisions about how best to impart clinical care.	Page 43	2 3 4 5	the top of the grading scale are the types of studies that provide us the most reliable evidence, and at the bottom of the scale, or at the bottom of the	Page 45
2 3 4 5 6	evidence-based medicine is.  A. Evidence-based medicine is using science to make decisions about how best to impart clinical care.  Q. What is the role of	Page 43	2 3 4 5 6	the top of the grading scale are the types of studies that provide us the most reliable evidence, and at the bottom of the scale, or at the bottom of the pyramid, are the types of studies that	Page 45
2 3 4 5 6 7	evidence-based medicine is.  A. Evidence-based medicine is using science to make decisions about how best to impart clinical care.  Q. What is the role of evidence-based medicine in assessing the	Page 43	2 3 4 5 6 7	the top of the grading scale are the types of studies that provide us the most reliable evidence, and at the bottom of the scale, or at the bottom of the pyramid, are the types of studies that give us the least reliable evidence.	Page 45
2 3 4 5 6 7 8	evidence-based medicine is.  A. Evidence-based medicine is using science to make decisions about how best to impart clinical care.  Q. What is the role of evidence-based medicine in assessing the benefits and risks of surgical options?	Page 43	2 3 4 5 6 7 8	the top of the grading scale are the types of studies that provide us the most reliable evidence, and at the bottom of the scale, or at the bottom of the pyramid, are the types of studies that give us the least reliable evidence.  Q. So if we were looking at	Page 45
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	evidence-based medicine is.  A. Evidence-based medicine is using science to make decisions about how best to impart clinical care.  Q. What is the role of evidence-based medicine in assessing the benefits and risks of surgical options?  A. The role of evidence-based medicine is to guide us, to guide physicians in trying to make decisions about what procedures, medications, et cetera, we're going to offer to our patients.  So there's a wealth of literature in our community about the success rates, failure rates, complication rates of various treatment options, whether they be surgical or nonsurgical.  We have to have some guide in trying to decide what which	Page 43	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	the top of the grading scale are the types of studies that provide us the most reliable evidence, and at the bottom of the scale, or at the bottom of the pyramid, are the types of studies that give us the least reliable evidence.  Q. So if we were looking at this pyramid here, under the principles that you've described, as we go towards the top, are those the more reliable forms of evidence?  A. Yes.  Q. And as we go towards the bottom, are those the less reliable forms of evidence?  A. That's correct.  Q. So, for example, you have at the top something referred to as systematic reviews and meta-analysis?  A. Right.  Q. Can you just, in a few	Page 45

		Page 46			Page 48
1	and meta-analyses compile the data of		1	Q. You indicated, Doctor, that	
2	smaller studies and evaluate it in total.		2	you, as part of your work in this case,	- 1
					- 1
3	And it gives you a stronger sense of how		3	followed the pyramid of reliability, if I	- 1
4	the disease process or the intervention		4	can call it that?	- 1
5	is experienced in the population.		5	A. Yes.	- 1
6	Q. Why is that type of		6	<ul> <li>Q. Did you consider the highest</li> </ul>	- 1
7	scientific evidence more reliable than,		7	quality data in answering the question	- 1
8	say, individual case reports or		8	that you've presented to the jury today?	- 1
9	individual anecdotal experience of		9	A. I did.	- 1
10	physicians?		10	Q. Now, what I have up on the	- 1
11	A. It minimizes bias.		11	screen, Doctor, is this an example of	- 1
12	Q. When you were addressing the		12	some of the data that you considered in	- 1
	•			•	- 1
13	issues that we asked you to investigate		13	this case?	- 1
14	in this case, did you use evidence-based		14	A. This is.	- 1
15	medicine in your analysis?		15	Q. Now, let's sort of orient	- 1
16	A. I did.		16	the jury to what we're looking at here.	
17	Q. Did you review the opinions		17	It's called a Cochrane	
18	of Drs. Elliott, Weber and Zipper?		18	review?	- 1
19	A. I did.		19	A. That's correct.	- 1
20	Q. Did you see any indication		20	Q. What is a Cochrane review?	- 1
21	that any of them used evidence-based		21	A. So when we were looking at	- 1
22	medicine in the opinions they offered the		22	the levels of evidence, at the very top	- 1
23	jury?		23	of the pyramid is a meta-analysis, or a	- 1
24	- ·		24		- 1
24	A. No, they didn't.		24	summary of well designed randomized	
1					
		Dago 47			Dago 40
1	O Doctor I want to now turn	Page 47	1	control trials	Page 49
1	Q. Doctor, I want to now turn	Page 47	1	control trials.	Page 49
2	to some of the specific opinions you have	Page 47	2	The Cochrane review of 2013	Page 49
2	to some of the specific opinions you have on the PROLIFT® product, okay?	Page 47	2	The Cochrane review of 2013 is exactly that. It's an evaluation of	Page 49
2 3 4	to some of the specific opinions you have on the PROLIFT® product, okay?  A. Okay.	Page 47	2 3 4	The Cochrane review of 2013 is exactly that. It's an evaluation of all of the randomized controlled trials,	Page 49
2 3 4 5	to some of the specific opinions you have on the PROLIFT® product, okay?  A. Okay.  Q. The first question I want to	Page 47	2 3 4 5	The Cochrane review of 2013 is exactly that. It's an evaluation of all of the randomized controlled trials, up until that date, of pelvic organ	Page 49
2 3 4	to some of the specific opinions you have on the PROLIFT® product, okay?  A. Okay.	Page 47	2 3 4	The Cochrane review of 2013 is exactly that. It's an evaluation of all of the randomized controlled trials,	Page 49
2 3 4 5	to some of the specific opinions you have on the PROLIFT® product, okay?  A. Okay.  Q. The first question I want to	Page 47	2 3 4 5	The Cochrane review of 2013 is exactly that. It's an evaluation of all of the randomized controlled trials, up until that date, of pelvic organ	Page 49
2 3 4 5 6	to some of the specific opinions you have on the PROLIFT® product, okay?  A. Okay. Q. The first question I want to address is the what does the	Page 47	2 3 4 5 6	The Cochrane review of 2013 is exactly that. It's an evaluation of all of the randomized controlled trials, up until that date, of pelvic organ prolapse.	Page 49
2 3 4 5 6 7	to some of the specific opinions you have on the PROLIFT® product, okay?  A. Okay.  Q. The first question I want to address is the what does the scientific evidence show on the effectiveness of PROLIFT® to treat pelvic	Page 47	2 3 4 5 6 7	The Cochrane review of 2013 is exactly that. It's an evaluation of all of the randomized controlled trials, up until that date, of pelvic organ prolapse.  Q. And this particular analysis	Page 49
2 3 4 5 6 7 8	to some of the specific opinions you have on the PROLIFT® product, okay?  A. Okay.  Q. The first question I want to address is the what does the scientific evidence show on the effectiveness of PROLIFT® to treat pelvic organ prolapse, okay?	Page 47	2 3 4 5 6 7 8	The Cochrane review of 2013 is exactly that. It's an evaluation of all of the randomized controlled trials, up until that date, of pelvic organ prolapse.  Q. And this particular analysis here is looking at the success of native	Page 49
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Page 50 Page 52 1 polypropylene mesh kits; is that correct? 1 So an anatomical measure of 2 A. That's correct. 2 success is when I do my physical 3 3 O. And so would PROLIFT® be an examination of the patient, do they still example of one of those mesh kits? 4 4 have prolapse or not? 5 A. Yes. 5 Now, you can quantify that 6 6 with the pelvic organ prolapse So let's look at what the 7 7 quantification exam or with the BARD data is that you considered. 8 system, but it basically is that. 8 So can you tell the jury, 9 sort of orient us as to what we're 9 Subjective evaluation is, 10 looking at here and how that was 10 does the patient feel that they're significant, if at all, to the opinions improved? 11 11 12 you offer to the jury? 12 Q. And the success measure that A. Yes. So what this depicts you're reporting here, the four times 13 13 is that the analysis revealed that the greater success with mesh compared to 14 14 15 risk ratio of success is much higher with 15 native tissue, what success measure are mesh augmentation than it is if you you using with this data? 16 16 perform the procedure using native A. Anatomic success. 17 17 18 tissue. 18 Do you believe that is an 19 So a risk ratio is how much 19 appropriate way to assess the success of surgeries? 20 more likely is the outcome, the outcome 20 21 being success. So a risk ratio of 3.83 21 A. I do. shows you that it's almost four times 22 22 And why is that? 23 more likely to achieve success with mesh 23 Because the goal of surgery Α. 24 than without mesh. And this study 24 is to restore normal anatomy and Page 51 Page 53 included 56 randomized control trials and 1 function. The only way to objectively 1 2 over 6,000 patients. 2 evaluate whether or not you restore 3 3 Q. When you say -- withdrawn. normal anatomy is with the POP-Q or the 4 The jury has heard about 4 BARD halfway system. 5 this concept of statistical significance 5 Q. The data that you relied 6 through another witness. 6 upon to arrive at your opinion about the 7 Was this finding that you're 7 effectiveness of PROLIFT®, the ones that reporting here or that you relied upon 8 8 we're showing the jury now on the screen, statistically significant? 9 do those -- does that data actually 9 10 Overwhelmingly, yes. 10 include studies on the PROLIFT®? A. 11 And so the jury has heard 11 A. Yes, it does. about different ways that researchers can You mentioned that there was 12 12 13 measure success with a surgical repair of 13 an alternative measure of success, the symptomatic outcomes; is that correct? 14 prolapse. 14 15 15 Α. Okav. A. That's correct. 16 Q. We've heard about anatomic 16 Has the PROLIFT® been measures and symptomatic measures. 17 studied in clinical trials to assess 17 whether the PROLIFT® improved symptomatic 18 A. Right. 18 Q. Are you familiar with those 19 19 outcomes as well? 20 concepts as well? 20 A. It does -- or it has been. 21 I am. 21 O. And can you tell the jury Α. 22 22 what the results of that research is? Can you remind us, Doctor, what is an anatomical measure of success 23 23 A. It improves symptomatic 24 following surgery? 24 success as well.

		Page 54			Page 56
1	Q. So, Doctor, based on the		1	Secondly, we're operating in	
2	information that you have reviewed with		2	the vaginal compartment, which is the	
3	the jury by the way, the studies that		3	female sexual organ. Whenever you make	
4	you've described, do you find them		4	an incision on any part of the body,	
5	reliable?		5	there's a risk that the patient may	
6	A. Yes.		6	develop pain in the area of that	
7			7	incision.	
	Q. And do you find them		-		
8	authoritative?		8	Q. So is that true with	
9	A. Absolutely.		9	surgeries that use mesh?	
10	<ul> <li>Q. Based on the information you</li> </ul>		10	A. Yes, it is.	
11	reviewed with the jury and your own		11	Q. Is that true with surgeries	
12	clinical experience, do you have an		12	that don't use mesh?	
13	opinion as to whether or not the PROLIFT®		13	A. Yes, it is.	
14	is effective in improving patient's		14	Q. Have there been studies that	
15	quality of life?		15	have compared the risk of dyspareunia	
	• •				
16	A. It is.		16	with the PROLIFT® to procedures that	
17	Q. And as to the question of		17	don't use mesh?	
18	whether a PROLIFT®, how it compares to		18	A. There are.	
19	native tissue surgery, do you have an		19	Q. Did you consider that	
20	opinion as to how effective PROLIFT® is		20	research in forming your opinions that	
21	in treating the prolapse itself compared		21	you're going to offer to the jury in this	
22	to a native tissue surgery?		22	case?	
23	A. It's significantly more		23	A. Yes.	
24	effective.		24	Q. And as part of your work in	
- '	Circulation and the circul		۷ ۱	Q. And as part of your work in	
		Page 55			Page 57
1		Page 55	1	this case. Doctor, have you formed an	Page 57
1 2	Q. And is that for the reasons	Page 55	1 2	this case, Doctor, have you formed an opinion as to how PROLIET® compares to	Page 57
2	Q. And is that for the reasons you've discussed with the jury already	Page 55	2	opinion as to how PROLIFT® compares to,	Page 57
2	Q. And is that for the reasons you've discussed with the jury already today?	Page 55	2 3	opinion as to how PROLIFT® compares to, say, native tissue surgery on this	Page 57
2 3 4	Q. And is that for the reasons you've discussed with the jury already today?  A. Yes.	Page 55	2 3 4	opinion as to how PROLIFT® compares to, say, native tissue surgery on this question of the risk of dyspareunia?	Page 57
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		Page 58			Page 60
1	A. It does.	-	1	itself caused the dyspareunia.	
2	Q. You mentioned, for example,		2	Q. You mentioned that one of	
				•	
3	the Cochrane review.		3	the things that's part of this patient	
4	Is that this study that I		4	population is that there's just a high	
5	have highlighted here on the screen?		5	incidence in general of dyspareunia?	
6	A. It is.		6	A. That's correct.	
7	Q. Now, what does the data		7	Q. What do you mean by that?	
8	show, Doctor, in terms of the risk of		8	A. What I mean is that the	
9	developing painful sexual intercourse		9	patient population that we are treating	
10	following a PROLIFT® compared to native		10	consists of women that have female pelvic	
11	tissue surgery?		11	floor dysfunction. And many of those	
12	A. That it's not significantly		12	women are in the menopausal age group.	
13	different.		13	That age group is a high-risk group or a	
14	Q. Okay. So let's by the		14	high-incidence group, high prevalence is	
15	way, all these studies that are		15	the appropriate word, in terms of	
16	referenced here, did you review them?		16	dyspareunia. There's a lot of	
17	A. I did.		17	dyspareunia in that group of patients.	
18	Q. Do you find them reliable?		18	Q. Are there a lot of different	
19	A. I do. They are randomized		19	factors that can lead a woman to have	
20	control trials.		20	problems with painful sexual activity?	
21	Q. Did you find them		21	A. Yes.	
22	authoritative on to this question, as to		22	Q. Are those conditions common	
23	this question?		23	in the patient population who also have	
24	A. Yes, yes.		24	pelvic organ prolapse?	
		Page 59			Page 61
1	O. Now, there's this term here	Page 59	1	A. Yes.	Page 61
1 2	Q. Now, there's this term here we have up at the top, de novo	Page 59	1 2		Page 61
2	we have up at the top, de novo	Page 59	2	Q. Doctor, based on the	Page 61
2	we have up at the top, de novo dyspareunia.	Page 59	2 3	Q. Doctor, based on the scientific data that you have reviewed	Page 61
2 3 4	we have up at the top, de novo dyspareunia.  A. Yes.	Page 59	2 3 4	Q. Doctor, based on the scientific data that you have reviewed and have presented to the jury, do you	Page 61
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		Page 62			Page 64
1	Q. Do researchers have a way to		1	literature?	
2	assess whether those differences are		2	A. Yes, I did.	
3	likely real or just potentially due to		3	Q. Did you also present your	
4	chance?		4	data at a medical conference?	
5	A. Yes.		5	A. I did.	
6	Q. And what is, just in		6	Q. Dr. Weber was here last	
7	general, that concept in clinical		7	week, I believe, and told the jury that	
8	research called?		8	your study showed a rate of dyspareunia	
9			9	with the PROLIFT® in excess of 30	
	A. It's called power.				
10	Q. And do you use those		10	percent.	
11	concepts to determine whether a		11	Is Dr. Weber correct?	
12	difference is statistically significant?		12	A. She's not.	
13	A. Yes.		13	Q. Why not?	
14	Q. And have you marked here on		14	A. Because the my study	
15	this chart whether the observations in		15	showed a rate of de novo dyspareunia of	
16	any of these studies show any significant		16	16.7 percent.	
17	difference between PROLIFT® mesh and		17	Q. You said that you also, as	
18	native tissue surgery?		18	part of your study, examined the question	
19	A. There's yes, there's no		19	of whether patients ultimately were	
20	difference.		20	satisfied with their procedure even if	
21	Q. Now, Doctor, have you,		21	they developed dyspareunia?	
22	yourself, done research in this		22	A. That's correct.	
23	particular area?		23	Q. And what did your research	
24	A. I have.		23 24		
2 <del>4</del>	A. I nave.		2 <del>1</del>	show as to that question?	
		Dago 63			Page 65
1	O And can you generally	Page 63	1	Δ It showed that they were	Page 65
1	Q. And can you generally	Page 63	1	A. It showed that they were	Page 65
2	describe, in a few sentences, the study	Page 63	2	very satisfied, as indexed by the answer	Page 65
2	describe, in a few sentences, the study that you did that contributed to this	Page 63	2 3	very satisfied, as indexed by the answer to the question, would you have this	Page 65
2 3 4	describe, in a few sentences, the study that you did that contributed to this research?	Page 63	2 3 4	very satisfied, as indexed by the answer to the question, would you have this procedure performed again, over 85	Page 65
2 3 4 5	describe, in a few sentences, the study that you did that contributed to this research?  A. I performed a study, when I	Page 63	2 3 4 5	very satisfied, as indexed by the answer to the question, would you have this procedure performed again, over 85 percent of the patients with de novo	Page 65
2 3 4 5 6	describe, in a few sentences, the study that you did that contributed to this research?  A. I performed a study, when I was a fellow, evaluating the rate of de	Page 63	2 3 4 5 6	very satisfied, as indexed by the answer to the question, would you have this procedure performed again, over 85 percent of the patients with de novo dyspareunia answered yes. Over 90 I	Page 65
2 3 4 5 6 7	describe, in a few sentences, the study that you did that contributed to this research?  A. I performed a study, when I was a fellow, evaluating the rate of de novo dyspareunia after PROLIFT®	Page 63	2 3 4 5 6 7	very satisfied, as indexed by the answer to the question, would you have this procedure performed again, over 85 percent of the patients with de novo dyspareunia answered yes. Over 90 I think it was 96 or 97 percent of the	Page 65
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	describe, in a few sentences, the study that you did that contributed to this research?  A. I performed a study, when I was a fellow, evaluating the rate of de novo dyspareunia after PROLIFT® procedures.  One of the main goals was to come up with an incidence for de novo dyspareunia, but also we really wanted to evaluate, in more detail, the type of dyspareunia that was being experienced by this group of patients, how mild it was, whether it was severe, whether it was moderate, where they were experiencing the dyspareunia.  And then I also wanted to know, is the dyspareunia so significant that you would not have had this procedure done.  Q. Did you publish your data?	Page 63	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	very satisfied, as indexed by the answer to the question, would you have this procedure performed again, over 85 percent of the patients with de novo dyspareunia answered yes. Over 90 I think it was 96 or 97 percent of the group overall answered yes.  Q. And what does that tell you, Doctor, as a clinical researcher, as to the risks and benefits of a PROLIFT® procedure to treat a woman's pelvic organ prolapse?  A. The risks are overall low and the benefits are overall high.  Q. Doctor, based on the high-quality scientific data you reviewed, your personal experience implanting a PROLIFT®, do you have an opinion as to whether the PROLIFT® was a safe and effective option to treat Mrs. Hammons' PROLIFT® prolapse in May of	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	describe, in a few sentences, the study that you did that contributed to this research?  A. I performed a study, when I was a fellow, evaluating the rate of de novo dyspareunia after PROLIFT® procedures.  One of the main goals was to come up with an incidence for de novo dyspareunia, but also we really wanted to evaluate, in more detail, the type of dyspareunia that was being experienced by this group of patients, how mild it was, whether it was severe, whether it was moderate, where they were experiencing the dyspareunia.  And then I also wanted to know, is the dyspareunia so significant that you would not have had this procedure done.  Q. Did you publish your data?  A. I did.	Page 63	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	very satisfied, as indexed by the answer to the question, would you have this procedure performed again, over 85 percent of the patients with de novo dyspareunia answered yes. Over 90 I think it was 96 or 97 percent of the group overall answered yes.  Q. And what does that tell you, Doctor, as a clinical researcher, as to the risks and benefits of a PROLIFT® procedure to treat a woman's pelvic organ prolapse?  A. The risks are overall low and the benefits are overall high.  Q. Doctor, based on the high-quality scientific data you reviewed, your personal experience implanting a PROLIFT®, do you have an opinion as to whether the PROLIFT® was a safe and effective option to treat Mrs. Hammons' PROLIFT® prolapse in May of 2009?	
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		Page 66			Page 68
1	Q. And can you tell the members		1	for physicians that allows them to review	
2	of the jury what your opinion is?		2	information that Gynecare provides to	
3	A. My opinion is that the		3	them about this procedure.	
4	PROLIFT® was a safe and effective		4	Q. Can these documents, these	
5	procedure to offer Mrs. Hammons.		5	resource monographs, an example of which	
6	Q. And do you new question.		6	looking at now, be a source of	
7	Can you tell the members of		7	information for physicians about the	
8	the jury what you are relying upon for		8	risks and benefits of a product?	
9	that opinion?		9	A. Yes.	
10	A. I am relying on the highest		10	Q. Does the resource monograph	
11	levels of evidence and my clinical		11	here for the PROLIFT® include information	
12	experience.		12	about the surgical technique?	
13	Q. In your opinion, Doctor, did		13	A. It does.	
14	the benefits of the PROLIFT® procedure		14	Q. Does it include information	
15	outweigh its potential risks to a patient		15	about the potential risks and	
16	such as Mrs. Hammons?		16	complications of the procedure?	
17	A. Yes.		17	A. It does.	
18	Q. In your opinion, was the		18	<ul><li>Q. Do all surgical products</li></ul>	
19	PROLIFT® a defective product in any way?		19	have a monograph like the one we're	
20	A. No.		20	showing right now?	
21	Q. Doctor, I want to switch		21	<ul><li>A. Not that I'm aware of.</li></ul>	
22	gears here.		22	<ul> <li>Q. Is a device manufacturer the</li> </ul>	
23	MR. SLATER: Counsel, just		23	only source of information for surgeons	
24	for the record, we object to this		24	who are using that medical device?	
		Page 67	4	A No.	Page 69
1	document, since there's absolutely	Page 67	1	A. No.	Page 69
2	no evidence in the record that Dr.	Page 67	2	Q. What else does a surgeon, in	Page 69
2	no evidence in the record that Dr. Baker saw it. Moreover, it was	Page 67	2	Q. What else does a surgeon, in your experience, look to, to understand	Page 69
2 3 4	no evidence in the record that Dr. Baker saw it. Moreover, it was not even available to be given to	Page 67	2 3 4	Q. What else does a surgeon, in your experience, look to, to understand the risks and benefits of a surgical	Page 69
2 3 4 5	no evidence in the record that Dr. Baker saw it. Moreover, it was not even available to be given to him during his training because	Page 67	2 3 4 5	Q. What else does a surgeon, in your experience, look to, to understand the risks and benefits of a surgical procedure they are performing?	Page 69
2 3 4 5 6	no evidence in the record that Dr. Baker saw it. Moreover, it was not even available to be given to him during his training because it's approved in 2007. He was	Page 67	2 3 4 5 6	Q. What else does a surgeon, in your experience, look to, to understand the risks and benefits of a surgical procedure they are performing?  A. First of all, we should be	Page 69
2 3 4 5 6 7	no evidence in the record that Dr. Baker saw it. Moreover, it was not even available to be given to him during his training because it's approved in 2007. He was trained in 2006. So without any	Page 67	2 3 4 5 6 7	Q. What else does a surgeon, in your experience, look to, to understand the risks and benefits of a surgical procedure they are performing?  A. First of all, we should be evaluating the medical literature	Page 69
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Page 70 Page 72 1 Q. And I want to review some of 1 less aggressive a treatment in the lesser 2 this information that is reflected here. 2 compartment. 3 3 A. Okav. So -- and, again, in your Ο. First of all, the word 4 4 answer here when you're saying -- using Q. "concomitant," what does that mean? 5 5 the word "compartment," are you 6 That means at the same time. 6 describing, basically, different organ 7 7 prolapse? 0. And then let's review this 8 8 first sentence. A. I'm describing the front 9 9 vaginal wall versus the back vaginal wall Can you read to the jury 10 what I'm highlighting on the screen now? 10 versus the top of the vagina. A. It is unclear what Q. And so when the monograph 11 11 describes using a PROLIFT® in the most 12 percentage of Gynecare PROLIFT® system 12 procedures involve both compartments, but at-risk compartment and the surgeon can 13 13 it is common to utilize Gynecare PROLIFT® decide whether to treat any other 14 14 system in the most at-risk compartment prolapse the patient is presenting with a 15 15 different type of repair or leave it and treat the other side with a 16 16 untreated, does the monograph go on to traditional repair or leave it untreated 17 17 18 in the absence of prolapse. 18 describe some things that the surgeon Q. So there's a lot there. should consider in making that decision? 19 19 20 Let's go over it so we can discuss to the 20 A. It does. 21 jury what's being communicated here. 21 Q. And is that provided in the 22 very next sentence? A. Okav. 22 23 So when the surgeon's 23 It is. Α. 24 monograph talks about there are -- that 24 Q. So does the next sentence Page 71 Page 73 it's common to use the PROLIFT® system in 1 read, The advantage of this approach is 1 2 to reduce the mesh load and to avoid over 2 the most at-risk compartment --3 3 MR. SLATER: By the way, we treatment? 4 have an objection to this document 4 A. It does. 5 also as a hearsay document. 5 Q. And then does it go on to 6 MR. ISMAIL: Start over. 6 say, The disadvantage is that it's 7 7 estimated that 30 percent of all BY MR. ISMAIL: 8 recurrences are actually uncovering of 8 Q. When the surgeon's monograph 9 9 communicates that the PROLIFT® system occult defects in the side untreated with is most commonly used at the most at-risk 10 mesh may be prone to failure as it takes 10 11 compartment, what does that mean? 11 a greater percentage of the Valsalva A. It means that when we are forces over time? 12 12 13 trying to decide how to treat each 13 Α. That's correct. compartment, we're considering the 14 14 0. There's a lot of new terms prognosis, if you will. Prognosis means 15 15 in there, so let's take it one at a time. 16 how likely is this compartment to fail. 16 Α. Okay. So if a patient is 17 17 First of all, Valsalva 0. presenting with an advanced stage of 18 18 forces. prolapse in one compartment and a minor 19 19 What are those? stage of prolapse in the other 20 20 Valsalva is the act of compartment, those compartments are at 21 21 bearing down. So we consider Valsalva to 22 risks that are differential. So we often be, you know, pushing down like in the 22 process of having a bowel movement, 23 will use more aggressive treatment to 23 24 treat the most at-risk compartment and 24 coughing. That's what that describes.

		Page 74		Page 76	6
1	Q. And then the monograph		1	subsequently developed a prolapse of the	
2	describes uncovering of occult defects.		2	front or back vaginal wall, did the	
3	What does that mean?		3	native tissue surgery cause that	
4	A. That means that there are		4	prolapse?	
5	defects that relate to pelvic floor		5	A. No.	
6	dysfunction that may not have manifested		6	Q. In the example of a	
7	at the time that you're evaluating and		7	PROLIFT®, where the surgeon opts to treat	
	•		8		
8	treating the patient.			only one part or one compartment and the	
9	So it's describing the fact		9	patient develops a prolapse in another	
10	that whatever has led the patient to have		10	compartment, did the prolapse PROLIFT®	
11	the prolapse that is large is also		11	cause the subsequent prolapse?	
12	affecting the other compartments and may		12	A. No.	
13	eventually lead to those compartments		13	Q. Doctor, you indicated that	
14	developing prolapse as well.		14	the surgeon's monograph provides some	
15	Q. So, overall, what is this		15	information on potential complications	
16	information telling surgeons to consider		16	with the PROLIFT® procedure; is that	
17	when faced with a patient who has		17	correct?	
18	prolapse of multiple organs?		18	A. Yes.	
19	A. What they are saying is that		19	Q. So if we go forward to Page	
20	you should consider treating less		20	7, is there a list of potential	
21	aggressively compartments that are less		21	complications that is reflected here?	
22	severely affected by prolapse. However,		22	A. Yes.	
23	you have to also recognize that there's a		23	Q. And does in the pages	
24	risk of developing prolapse in those		24	that follow, the surgeon's monograph	
_ '	risk of developing prolapse in those		- '	that rollow, the surgeon's monograph	
		Page 75		Page 77	$\overline{}$
1	compartments if you leave them untreated	Page 75	1	Page 77	7
1	compartments if you leave them untreated.	Page 75	1	provide more information on various of	7
2	Q. In that example that you	Page 75	2	provide more information on various of these topics?	7
2	Q. In that example that you provided there, is the PROLIFT® causing a	Page 75	2	provide more information on various of these topics?  A. Yes.	7
2 3 4	Q. In that example that you provided there, is the PROLIFT® causing a prolapse in the untreated compartment?	Page 75	2 3 4	provide more information on various of these topics?  A. Yes. Q. Let's go ahead and show some	7
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		Page 78		P	age 80
1	the vagina.		1	is a section on dyspareunia and vaginal	
2	There has been some we've		2	pain.	
3	had debate in our community about how to		3	And if we actually go	
4	define mesh complications. And now mesh		4	forward, that information continues on	
5	erosion is often considered a migration		5	the next page; is that correct?	
6	of the mesh into a visceral organ.		6	A. Yes.	
7	Q. Such as the bladder?		7	Q. Now, do you have an opinion,	
8	A. Such as the bladder.		8	Doctor, as to whether, even without the	
9			9	surgeon's monograph, whether the risk of	
10	Q. And then an exposure and an extrusion?		10		
				painful sexual intercourse following a	
11	A. An exposure now means what		11	PROLIFT® procedure was well known in the	
12	we used to call mesh erosion, which is an		12	community of surgeons who are doing	
13	exposure of the mesh in the vagina.		13	pelvic reconstructive surgery?	
14	And extrusion is a large		14	A. It's well known.	
15	exposure of the mesh in the vagina or a		15	Q. And what do you base that	
16	wound dehiscence.		16	on?	
17	Q. Do you have when you say		17	A. I base that on my clinical	
18	"wound dehiscence," what does that mean?		18	experience. The literature constantly	
19	<ul> <li>A. That means that it appears</li> </ul>		19	talks about or consistently talks	
20	that the incision failed to heal.		20	about that being a potential risk with	
21	Q. Do you have an opinion,		21	any surgery.	
22	Doctor, as to whether the potential		22	Q. Have you reviewed the	
23	complications of mesh erosion, exposure,		23	information that Ethicon included in this	
24	and extrusion are well known in the		24	monograph as to the potential	
		Page 79		P	Page 81
1	surgical community that operates on a	Page 79	1		Page 81
1 2	surgical community that operates on a pelvic organ prolapse?	Page 79	1 2	complication of dyspareunia and vaginal	Page 81
2	pelvic organ prolapse?	Page 79	2	complication of dyspareunia and vaginal pain?	Page 81
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		Page 82			Page 84
1	as to whether this information adequately		1	describes the potential risks associated	
2	describes this potential complication of		2	with the PROLIFT®.	
3	dyspareunia to surgeons using the		3	Q. Dr. Lowman, I now want to	
4	PROLIFT®?		4	turn to Mrs. Hammons in particular, okay?	
5	A. Yes, I did.		5	MR. SLATER: One second. I	
6	Q. And what is your opinion?		6	just want to make one thing clear.	
7	A. My opinion is that it's		7	Form objections you wanted me to	
8	comprehensive and reliable.		8	make. Other objections are	
9	Q. Is the information that		9	preserved?	
10	Ethicon provided here consistent with how		10	MR. ISMAIL: Such as?	
11	the potential complication of dyspareunia		11	MR. SLATER: Other	
12	is described in the medical literature?		12	objections, relevancy, whether or	
13	A. It is.		13	not it fits the case.	
14	Q. So, Doctor, we've just		14	MR. ISMAIL: You have been.	
15	walked through one example of the type of		15	MR. SLATER: We have been,	
16	information that was available to		16	right.	
17	surgeons in this time frame about the		17	MR. ISMAIL: So you have	
18	potential complications of the PROLIFT®;		18	been making them.	
19	is that correct?		19	MR. SLATER: Well, I've made	
20	A. Yes.		20	a few because I wanted you to have	
21	Q. And I think you indicated		21	the benefit of knowing what I was	
22	that pelvic floor surgeons have access to		22	going to object to on other	
23	other information		23	things. I have other objections.	
24	A. Certainly.		24	For example, we don't think Dr.	
				To Champio, To do Callin 21	
		Page 83			Page 85
1	Q that can provide data or	Page 83	1	Lowman is qualified to give	Page 85
	Q that can provide data or descriptions of potential complications?	Page 83	1 2	Lowman is qualified to give warnings opinions, and we believe	Page 85
1 2 3		Page 83			Page 85
2	descriptions of potential complications?	Page 83	2	warnings opinions, and we believe	Page 85
2 3 4	descriptions of potential complications? A. Yes. Q. So when we consider the	Page 83	2	warnings opinions, and we believe her opinions are not opinions	Page 85
2 3 4 5	descriptions of potential complications? A. Yes. Q. So when we consider the group of physicians who would be	Page 83	2 3 4 5	warnings opinions, and we believe her opinions are not opinions based on deposition testimony.	Page 85
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Page 86	Page 88
1 part of the surgical community that has 1 do you have a basis, Doctor, to	testify
2 treated women with pelvic organ prolapse 2 to what the information that wa	ıS
3 for over a decade? 3 available to surgeons overall on	the
4 A. I have. 4 risks and benefits of the PROLIF	
5 Q. Have you attended scientific 5 MR. SLATER: Same of	ojection
6 conferences with other surgeons who treat 6 as before. And form of the	-
7 women with pelvic organ prolapse? 7 question.	
8 A. I have. 8 THE WITNESS: You're	asking
9 Q. Have you gone to scientific 9 me about my expertise and	-
10 meetings and discussed with colleagues 10 qualified to give opinions in	
11 the surgical options to treat pelvic 11 case?	
12 organ prolapse? 12 BY MR. ISMAIL:	
13 A. I have. 13 Q. Let me rephrase.	
14 Q. Have you engaged in clinical 14 Doctor, based on the	
15 research that has caused you to interact 15 activities you've described for the	ne l
16 with other surgeons on the surgical 16 members of the jury that you've	
17 options to treat prolapse? 17 in, both as a clinical researcher	
18 A. Yes. 18 surgeon, have you formed opini	
19 Q. Have you reviewed the 19 the type of information that was	
20 scientific literature that discusses the 20 available to surgeons who were	
21 information that's out there in the 21 on women with pelvic organ pro	
22 community on the risks and benefits of 22 A. Yes.	ларэс:
23 surgeries to treat prolapse? 23 Q. Did you, as part of yo	ur
24 A. Yes. 24 work in this case, consider whether	
21 Work in this case, consider when	TICL THE
Page 87	Page 89
1 Q. Through your exposure that 1 information put forth by Ethicon	
2 you've just described for the jury, do 2 the target audience of physician	
3 you have an understanding of the type of 3 would be using this product, wh	
4 information that is available to surgeons 4 information adequately describe	
5 overall to inform them about the risks 5 potential complications of the pi	
6 and benefits of surgical procedures? 6 MR. SLATER: Same of	
7 A. Yes. 7 THE WITNESS: Yes.	) Jectioni
8 Q. Have you considered the 8 BY MR. ISMAIL:	
9 information put out by Ethicon at various 9 Q. What and can you	tell the
10 points in time about the PROLIFT® device 10 members of the jury what your	
11 in particular? 11 on that issue?	Оринон із
12 A. I have. 12 A. My opinion is that Eth	icon
13 Q. Does that include the 13 provided adequate educational	
14 surgeon's monograph that we looked at? 14 in discussing the potential risks	
15 A. Yes. 15 benefits of their of the PROLI	
16 Q. Did you look at the 16 Q. Now, let's turn to Mrs	~
17 instructions for use? 17 Hammons in particular, okay?	.
17 Hamilions in particular, Okay:	
18 A Vac 19 A Okay	
18 A. Yes. 18 A. Okay.	lammons'
19 Q. Did you look at the patient 19 Q. Did you review Mrs. F	
19 Q. Did you look at the patient 19 Q. Did you review Mrs. F 20 brochure? 20 medical records to arrive at you	
19Q. Did you look at the patient19Q. Did you review Mrs. F20brochure?20medical records to arrive at you21A. Yes.21opinions in this case?	
19 Q. Did you look at the patient 20 brochure? 21 A. Yes. 22 Q. Based on your clinical  19 Q. Did you review Mrs. F 20 medical records to arrive at you 21 opinions in this case? 22 A. I did.	r
19Q. Did you look at the patient19Q. Did you review Mrs. F20brochure?20medical records to arrive at you21A. Yes.21opinions in this case?	the

Page 90 Page 92 doctors? 1 1 her that she ended up in the emergency 2 2 A. Yes. room to have it removed. 3 3 Now, I want to start with Q. And you described that one Q. this question of whether the PROLIFT® was 4 of the reasons why a surgical repair of 4 the prolapse -- the prolapse was 5 an appropriate surgical option for Mrs. 5 6 Hammons when she saw Dr. Baker in May of 6 appropriate in Mrs. Hammons' case, did 7 7 that include the severity of the 2009, okay? 8 8 A. Okay. condition that she presented with? 9 9 Dr. Lowman, have you formed O. Α. Yes. 10 an opinion as to whether Mrs. Hammons was 10 0. Dr. Lowman, I'm handing you an appropriate candidate for surgery -what has been marked as Defense Exhibit 11 11 surgical repair of her prolapse in 2009? 12 12 10003.56. A. I have. Are you familiar with this 13 13 14 Q. And what was your opinion? 14 medical record? 15 I feel that she was an 15 Α. I am. appropriate candidate for treatment of 16 16 0. Can you tell the jury what her prolapse with the PROLIFT®. 17 17 this is? 18 Q. Why do you -- why did you 18 This is the operative report Α. from Dr. Baker's procedure. 19 arrive at that opinion? 19 Q. Let's take a look at what's 20 Because the PROLIFT® -- the 20 21 PROLIFT® has been shown to be 21 reflected here. significantly more successful than 22 22 A. Okav. 23 traditional repair, in particular in the 23 First of all, the -- the Q. 24 anterior compartment, which is where her 24 date is what? Page 91 Page 93 stage IV prolapse was. 1 May 5th, 2009. 1 Α. Q. And what was Dr. Baker's 2 Number two, she's at 2 3 3 significant risk for recurrence of her postoperative diagnosis on this date? 4 prolapse because of her young age, 4 A. Uterine prolapse and 5 because of her multicompartment prolapse, 5 cvstocele. 6 because of her significant exposures, in 6 Q. When you described earlier 7 terms of the fact that she -- her job 7 that Mrs. Hammons -- one of the reasons required lifting, the fact that she was a 8 8 why you thought surgery was appropriate 9 9 two- to three-pack-per-day smoker. She was because she had multicompartment had multiple risk factors for recurrence. 10 failure; is that correct? 10 11 And so she was a high-risk 11 A. Yes. Multicompartment patient and the PROLIFT® is indicated in 12 12 prolapse. 13 treating high risk patients. 13 Q. Multicompartment prolapse. Q. Prior to May of 2009, did Is that documented in Dr. 14 14 15 Mrs. Hammons try more conservative 15 Baker's operative note? 16 treatments of her prolapse? 16 Α. Yes. And what were the various 17 She did. 17 A. 0. 18 O. And what was that more 18 compartments that were noted as being in 19 conservative treatment she described? 19 prolapse at this point? A. Her apical compartment, A. She used a pessary. 20 20 21 Q. And what was Mrs. Hammons' 21 which is the top of the vagina; and the 22 experience with the pessary that she anterior compartment, which is the front, 22 attempted before 2009? 23 23 if that makes sense. 24 A. It was so uncomfortable for 24 Q. Did Dr. Baker, as part of

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	Page 94		Page 9
1	his operative findings, note any	1	2009, whether her bladder prolapse was
2	additional evidence of prolapse in Mrs.	2	visible to her?
3	Hammons' case?	3	A. Yes, I did.
4	A. He did.	4	Q. And what do you recall Mrs.
5	Q. And can you tell, direct me	5	Hammons' testimony being in that regard?
6	to where that's reflected here?	6	A. She testified that it was
7	A. When he dictates his	7	visible to her.
8	findings, he dictates that the vaginal	8	Q. Now as is reflected on this
9	· · · · · · · · · · · · · · · · · · ·	9	<b>G</b>
	vagina had a grade 4 cystocele and a		operative note, the PROLIFT® was
10	minimal rectocele.	10	implanted in Mrs. Hammons on May 5, 2009,
11	Q. Would that be yet another	11	correct?
12	prolapse that Mrs. Hammons presented with	12	A. Correct.
13	on this date?	13	Q. Now, the jury is aware that
14	A. Yes.	14	in December of 2012, Dr. Heit removed
15	Q. Now, you told us a moment	15	portions of Mrs. Hammons' PROLIFT®.
16	ago that Mrs. Hammons had a grade 4	16	Have you reviewed those
17	cystocele; is that correct?	17	records as well?
18	A. That's correct.	18	A. I have.
19	Q. Where does a grade 4 fall on	19	Q. Have you reviewed Dr. Heit's
20	the grading scale of severity of a	20	sworn testimony also?
21	bladder prolapse like Mrs. Hammons had?	21	A. I have.
22	A. It's the most severe.	22	Q. How did Dr. Heit describe
23	Q. Are you aware that Dr.	23	the presentation of withdrawn.
24	Zipper told the jury that Mrs. Hammons,	24	Before we get there, between
	Page 95		Page 9
1	in fact, had a Grade 2 prolapse on this	1	May of 2009 and the summer of 2012, did
2	date?	2	any of Mrs. Hammons' physicians document
3	A. I am.	3	any mesh erosion in her case?
4		4	•
7	Q. Is Dr. Zipper correct?		V VIO
I =	A No.		A. No.
5	A. No.	5	Q. So now turning to this
6	Q. Why not?	5 6	Q. So now turning to this question of Dr. Heit's care and treatment
6 7	<ul><li>Q. Why not?</li><li>A. Firstly, I think that the</li></ul>	5 6 7	Q. So now turning to this question of Dr. Heit's care and treatment of Mrs. Hammons.
6 7 8	Q. Why not? A. Firstly, I think that the most reliable assessment in this case, in	5 6 7 8	Q. So now turning to this question of Dr. Heit's care and treatment of Mrs. Hammons.  How did Dr. Heit describe
6 7 8 9	Q. Why not? A. Firstly, I think that the most reliable assessment in this case, in considering all of this evidence, is	5 6 7 8 9	Q. So now turning to this question of Dr. Heit's care and treatment of Mrs. Hammons.  How did Dr. Heit describe the presentation of Mrs. Hammons' mesh
6 7 8 9	Q. Why not? A. Firstly, I think that the most reliable assessment in this case, in considering all of this evidence, is are the assessments that are made	5 6 7 8 9	Q. So now turning to this question of Dr. Heit's care and treatment of Mrs. Hammons.  How did Dr. Heit describe the presentation of Mrs. Hammons' mesh when he saw her in August of 2012?
6 7 8 9 10 11	Q. Why not? A. Firstly, I think that the most reliable assessment in this case, in considering all of this evidence, is are the assessments that are made actually by her treating physicians.	5 6 7 8 9 10 11	Q. So now turning to this question of Dr. Heit's care and treatment of Mrs. Hammons.  How did Dr. Heit describe the presentation of Mrs. Hammons' mesh when he saw her in August of 2012?  A. He described that the mesh
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Why not? A. Firstly, I think that the most reliable assessment in this case, in considering all of this evidence, is are the assessments that are made actually by her treating physicians.  If he determined that she had a grade 4 cystocele, that is most likely to be the most correct assessment.  Secondly, currently, she has been diagnosed with stage III prolapse by both Dr. Zipper and Dr. Jolet. Currently, she is asymptomatic. So if she was symptomatic when she presented to Dr. Baker and she's asymptomatic now, it is most likely that she had worse prolapse when she presented to Dr. Baker.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. So now turning to this question of Dr. Heit's care and treatment of Mrs. Hammons.  How did Dr. Heit describe the presentation of Mrs. Hammons' mesh when he saw her in August of 2012?  A. He described that the mesh was rolled and bunched at the bladder neck.  Q. Do you recall whether Dr. Heit gave sworn testimony as to his assessment of how the PROLIFT® mesh became rolled and bunched under Mrs. Hammons' bladder?  A. I do.  Q. Can you tell the jury what your understanding of Dr. Heit's findings, as part of his care and
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Why not? A. Firstly, I think that the most reliable assessment in this case, in considering all of this evidence, is are the assessments that are made actually by her treating physicians.  If he determined that she had a grade 4 cystocele, that is most likely to be the most correct assessment.  Secondly, currently, she has been diagnosed with stage III prolapse by both Dr. Zipper and Dr. Jolet. Currently, she is asymptomatic. So if she was symptomatic when she presented to Dr. Baker and she's asymptomatic now, it is most likely that she had worse	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. So now turning to this question of Dr. Heit's care and treatment of Mrs. Hammons.  How did Dr. Heit describe the presentation of Mrs. Hammons' mesh when he saw her in August of 2012?  A. He described that the mesh was rolled and bunched at the bladder neck.  Q. Do you recall whether Dr. Heit gave sworn testimony as to his assessment of how the PROLIFT® mesh became rolled and bunched under Mrs. Hammons' bladder?  A. I do.  Q. Can you tell the jury what your understanding of Dr. Heit's

		1			
	·	Page 98			Page 100
1	conclusion was that the appearance of the		1	Q condition?	
2	mesh was consistent with improper		2	Now, Dr. Lowman, are you	
3	placement.		3	aware that Dr. Zipper, on behalf of the	
4	MR. ISMAIL: Counsel.		4	plaintiff in this case, has advanced an	
5	BY MR. ISMAIL:		5	•	
				alternative explanation for how the mesh	
6	Q. And Dr. Lowman, I'm handing		6	became rolled and bunched?	
7	you a copy of Dr. Heit's deposition		7	A. I am.	
8	transcript and his sworn testimony.		8	Q. What do you understand Dr.	
9	Is this information that you		9	Zipper's opinion to be?	
10	reviewed in this case?		10	A. Dr. Zipper's opinion is that	
11	A. Yes.		11	the mesh is rolled or was rolled or	
12	Q. Did you rely upon this		12	bunched due to mesh contraction.	
13	information in understanding what		13	Q. So on the one hand, you have	
14	symptoms Mrs. Hammons had and when?		14	Dr. Heit's explanation; and on the other	
15	, ·		15		
	A. Yes.			hand, we have Dr. Zipper's explanation?	
16	Q. I would ask, Doctor, that		16	A. Right.	
17	you turn to Page 220, and ask whether		17	Q. Did we ask you to analyze	
18	there's information there that you relied		18	those two competing explanations and form	۱
19	upon to understand how Dr. Heit assessed		19	an opinion as to which you believe is	
20	why the mesh was rolled and bunched		20	correct?	
21	underneath Mrs. Hammons' bladder in 2012.		21	A. You did.	
22	Are you there?		22	MR. SLATER: Objection.	
23	A. I don't think I'm here, but		23	This is beyond the scope of the	
24	I can follow you on there.		24	report of the deposition. We were	
- '	1 can rollow you on chere.		۷ ۱	report of the deposition. We were	
	F	Page 99			Page 101
1	Q. If it's easier to follow on	-9	1	never given notice of this issue	
2	the screen.		2	and a comparison of their two	
3	A. I'll do that.		3	opinions. I don't believe it's in	
				•	
4	Q. Is this Page 220 of the		4	the report. I think it's a new	
5	transcript?		5	opinion.	
6	<ul><li>A. There's different page</li></ul>		6	BY MR. ISMAIL:	
7	numbers. You're talking about this one		7	Q. Did withdrawn.	
8	in the corner?		0	Did l t id	
			8	Did we ask you to consider	
9	Q. Yes.		8 9	whether there was any defect in the mesh	
9	<u> </u>		_	•	
9 10	A. Let me go to that. Thank		9 10	whether there was any defect in the mesh that led to the condition of the mesh as	
9 10 11	A. Let me go to that. Thank you.		9 10 11	whether there was any defect in the mesh that led to the condition of the mesh as Dr. Heit found it in 2012?	
9 10 11 12	A. Let me go to that. Thank you. Q. Was Dr. Heit, was he asked		9 10 11 12	whether there was any defect in the mesh that led to the condition of the mesh as Dr. Heit found it in 2012?  A. Yes.	
9 10 11 12 13	A. Let me go to that. Thank you. Q. Was Dr. Heit, was he asked in his deposition: The bunching, as I		9 10 11 12 13	whether there was any defect in the mesh that led to the condition of the mesh as Dr. Heit found it in 2012?  A. Yes.  MR. SLATER: Objection.	
9 10 11 12 13 14	A. Let me go to that. Thank you. Q. Was Dr. Heit, was he asked in his deposition: The bunching, as I think you said earlier, was due to what?		9 10 11 12 13 14	whether there was any defect in the mesh that led to the condition of the mesh as Dr. Heit found it in 2012?  A. Yes.  MR. SLATER: Objection.  This is beyond the scope of the	
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				1
	Page 102			Page 104
1	A. Yes.	1	It's a little bit confusing in the	
2	Q. And did you consider those	2	literature because we use that word to	
3	two explanations for what happened to	3	mean two different things.	
4	Mrs. Hammons with respect to her	4	On the one hand, the actual	
5	PROLIFT®?	5	mesh or the mesh vaginal complex can	
6	A. I did.	6	undergo shrinkage. That's called the	
7	Q. Did you form an opinion,	7	biomaterial contraction.	
8	Doctor, as to what you think happened to	8	On the other hand, there is	
9	Mrs. Hammons' PROLIFT® at the time she	9	a clinical syndrome of contraction, as	
10	presented to Dr. Heit in 2012?	10	defined by Feiner and Maher in their	
11	A. I did.	11	article on contraction. The clinical	
12	Q. Did you consider Mrs.	12	syndrome is a patient who presents with	
13	Hammons' medical records when doing that	13	severe pelvic pain that's exacerbated by	
14	investigation?	14	movement, who has reproduction of that	
15	A. I did.	15	pain with palpation of the mesh, and who	
16	Q. Did you consider the sworn	16	complains of severe dyspareunia. It's a	
17	testimony of her doctors?	17	very specific diagnosis as defined in the	
18	A. I did.	18	literature.	
19	Q. Did you consider your own	19	Q. Did Mrs. Hammons present	
20	clinical experience?	20	with all three of those criteria?	
21	A. Yes.	21	A. She did not.	
22	Q. Did you consider the medical	22	Q. Did Mrs. Hammons have any	
23	literature on this issue?	23	reports of pelvic pain?	
24	A. Yes.	24	A. She did not.	
	711 1001		71 She did fiod	
	Page 103			Page 105
1	Q. All right. Let's discuss	1	MR. SLATER: I just want to	. ago 200
2	the issue of mesh contraction as opined	2	state on objection for the record.	
3	by Dr. Zipper, okay?	3	That opinion and that criteria was	
4	A. Okay.	4	not put in the report. This is a	
5	Q. First of all, Dr. Lowman,	5	new opinion. We object to it and	
6	did you see any indication in the medical	6	we move to strike it.	
			WE HOVE TO SHIKE II.	
ı /	records that any of Mrs. Hammons, own			
7 8	records that any of Mrs. Hammons' own doctors diagnosed mesh contraction in	7	BY MR. ISMAIL:	
8	doctors diagnosed mesh contraction in	7 8	BY MR. ISMAIL: Q. Now, the description that	
8 9	doctors diagnosed mesh contraction in this case?	7 8 9	BY MR. ISMAIL: Q. Now, the description that withdrawn.	
8 9 10	doctors diagnosed mesh contraction in this case?  A. No.	7 8 9 10	BY MR. ISMAIL: Q. Now, the description that withdrawn. Dr. Zipper told the jury	
8 9 10 11	doctors diagnosed mesh contraction in this case?  A. No. Q. Are you familiar with the	7 8 9 10 11	BY MR. ISMAIL: Q. Now, the description thatwithdrawn. Dr. Zipper told the jury that one of the reasons he thinks the	
8 9 10 11 12	doctors diagnosed mesh contraction in this case?  A. No. Q. Are you familiar with the concept of mesh contraction?	7 8 9 10 11 12	BY MR. ISMAIL: Q. Now, the description thatwithdrawn. Dr. Zipper told the jury that one of the reasons he thinks the mesh contracted was because the mesh no	,
8 9 10 11 12 13	doctors diagnosed mesh contraction in this case?  A. No. Q. Are you familiar with the concept of mesh contraction? A. I am.	7 8 9 10 11 12 13	BY MR. ISMAIL: Q. Now, the description thatwithdrawn. Dr. Zipper told the jury that one of the reasons he thinks the mesh contracted was because the mesh no longer was providing bladder support by	,
8 9 10 11 12 13 14	doctors diagnosed mesh contraction in this case?  A. No. Q. Are you familiar with the concept of mesh contraction? A. I am. Q. Is that potential	7 8 9 10 11 12 13	BY MR. ISMAIL: Q. Now, the description thatwithdrawn. Dr. Zipper told the jury that one of the reasons he thinks the mesh contracted was because the mesh no longer was providing bladder support by August of 2012.	,
8 9 10 11 12 13 14 15	doctors diagnosed mesh contraction in this case?  A. No. Q. Are you familiar with the concept of mesh contraction? A. I am. Q. Is that potential complication described in the literature?	7 8 9 10 11 12 13 14 15	BY MR. ISMAIL: Q. Now, the description that withdrawn. Dr. Zipper told the jury that one of the reasons he thinks the mesh contracted was because the mesh no longer was providing bladder support by August of 2012. Are you aware of that	)
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8 9 10 11 12 13 14 15 16 17 18 19 20 21	doctors diagnosed mesh contraction in this case?  A. No. Q. Are you familiar with the concept of mesh contraction? A. I am. Q. Is that potential complication described in the literature? A. It is. Q. Does the description that Dr. Heit gave of how the mesh appeared to him match a description of mesh contraction in a clinical context? A. No.	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	BY MR. ISMAIL: Q. Now, the description that withdrawn. Dr. Zipper told the jury that one of the reasons he thinks the mesh contracted was because the mesh no longer was providing bladder support by August of 2012. Are you aware of that testimony? A. I am. Q. Is Dr. Zipper correct? A. He's not. Q. Why do you say that? MR. SLATER: Objection,	

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1	notice of this.	1	2012?
2	BY MR. ISMAIL:	2	A. Yes.
3	Q. Why do you believe	3	Q. What was his answer?
4	withdrawn.	4	A. Yes, ma'am.
5	Do you believe that in	5	Q. Do you have an opinion as to
6	August of 2012 the PROLIFT® was still	6	whether or not you agree with Dr. Heit's
7	providing Mrs. Hammons adequate support	7	assessment of the effectiveness of the
8	to her bladder?	8	PROLIFT® in Mrs. Hammons' case, in terms
9	A. It was.	9	of supporting her bladder in this time
10	Q. And why do you say that?	10	frame?
11	A. Because Dr. Heit testified	11	A. Yes. It seemed to be
12	that he did not feel that she had a	12	working well at supporting her bladder
13	significant cystocele. She had several	13	prolapse, as indicated by the fact that
14	evaluations by Dr. Lackey and Dr. Heit	14	none of the treating physicians, after
15	after the placement of her PROLIFT®, and	15	the PROLIFT® was placed, diagnosed her
16	no one suggested that she had a	16	with a significant bladder prolapse,
17	significant cystocele.	17	although they did diagnose her with
18 19	Q. Did you see any indication in Dr. Heit's medical records that he	18 19	significant prolapse in other
20	recommended some treatment for a	20	compartments.
21		21	Q. Now, finally, Dr. Zipper pointed to the pathology report as a
22	recurrence of bladder prolapse?  A. He did not.	22	basis to conclude that the mesh had
23	Q. Did you see any indication,	23	contracted.
24	from any other physician treating Mrs.	23 24	Did you examine that record
27	from any other physician treating inis.	27	Did you examine that record
	Page 107		Page 109
1	Hammons, following the PROLIFT®, that she	1	as well?
2	needed some treatment for a recurrence?	2	A. I did.
3	A. No.	3	MR. SLATER: Objection.
4	Q. If you have Dr. Heit's	4	There's no discussion of this in
5	deposition testimony still there, on Page	5	her in Dr. Lowman's report.
6	146, you referenced Dr. Heit gave an	6	She's never testified about the
7	assessment of Mrs. Hammons' PROLIFT® and	7	pathology report. She's never
8	whether or not it was providing support	8	offered opinions about it. This
9	in August of 2012.	9	would be beyond the scope of the
	And do you see, at Page 146,	10	report, and we move to preclude
10	rina do you see, at rage 1 10,	-0	report, and we move to precide
10 11	Dr. Heit was asked: During your	11	this testimony.
	· · · · · · · · · · · · · · · · · · ·		
11	Dr. Heit was asked: During your	11	this testimony.
11 12	Dr. Heit was asked: During your examination, I take it you did not find	11 12	this testimony. BY MR. ISMAIL:
11 12 13	Dr. Heit was asked: During your examination, I take it you did not find that she had a bladder prolapse; is that	11 12 13	this testimony. BY MR. ISMAIL: Q. Dr. Lowman, I've not actually done anything yet. New question.
11 12 13 14	Dr. Heit was asked: During your examination, I take it you did not find that she had a bladder prolapse; is that correct?	11 12 13 14	this testimony. BY MR. ISMAIL: Q. Dr. Lowman, I've not actually done anything yet.
11 12 13 14 15 16 17	Dr. Heit was asked: During your examination, I take it you did not find that she had a bladder prolapse; is that correct?  And what was his answer?  A. His answer is: Yes, ma'am. Q. Is that consistent or	11 12 13 14 15 16 17	this testimony. BY MR. ISMAIL: Q. Dr. Lowman, I've not actually done anything yet. New question.
11 12 13 14 15 16 17 18	Dr. Heit was asked: During your examination, I take it you did not find that she had a bladder prolapse; is that correct?  And what was his answer?  A. His answer is: Yes, ma'am.	11 12 13 14 15 16 17 18	this testimony. BY MR. ISMAIL: Q. Dr. Lowman, I've not actually done anything yet. New question. Dr. Lowman, I'm handing you
11 12 13 14 15 16 17 18 19	Dr. Heit was asked: During your examination, I take it you did not find that she had a bladder prolapse; is that correct?  And what was his answer?  A. His answer is: Yes, ma'am. Q. Is that consistent or	11 12 13 14 15 16 17 18 19	this testimony. BY MR. ISMAIL: Q. Dr. Lowman, I've not actually done anything yet. New question. Dr. Lowman, I'm handing you Defense Exhibit-10020.5.
11 12 13 14 15 16 17 18 19 20	Dr. Heit was asked: During your examination, I take it you did not find that she had a bladder prolapse; is that correct?  And what was his answer?  A. His answer is: Yes, ma'am.  Q. Is that consistent or inconsistent with Dr. Heit's medical	11 12 13 14 15 16 17 18	this testimony. BY MR. ISMAIL: Q. Dr. Lowman, I've not actually done anything yet. New question. Dr. Lowman, I'm handing you Defense Exhibit-10020.5. Are you familiar with this
11 12 13 14 15 16 17 18 19 20 21	Dr. Heit was asked: During your examination, I take it you did not find that she had a bladder prolapse; is that correct?  And what was his answer?  A. His answer is: Yes, ma'am.  Q. Is that consistent or inconsistent with Dr. Heit's medical records on this question?  A. It's consistent.  Q. Was Dr. Heit further asked:	11 12 13 14 15 16 17 18 19 20 21	this testimony. BY MR. ISMAIL: Q. Dr. Lowman, I've not actually done anything yet. New question. Dr. Lowman, I'm handing you Defense Exhibit-10020.5. Are you familiar with this document? A. I am. Q. Is this a copy of the
11 12 13 14 15 16 17 18 19 20 21 22	Dr. Heit was asked: During your examination, I take it you did not find that she had a bladder prolapse; is that correct?  And what was his answer?  A. His answer is: Yes, ma'am.  Q. Is that consistent or inconsistent with Dr. Heit's medical records on this question?  A. It's consistent.  Q. Was Dr. Heit further asked:  To your knowledge, was the PROLIFT®	11 12 13 14 15 16 17 18 19 20 21 22	this testimony. BY MR. ISMAIL: Q. Dr. Lowman, I've not actually done anything yet. New question. Dr. Lowman, I'm handing you Defense Exhibit-10020.5. Are you familiar with this document? A. I am. Q. Is this a copy of the pathology report that was prepared based
11 12 13 14 15 16 17 18 19 20 21 22 23	Dr. Heit was asked: During your examination, I take it you did not find that she had a bladder prolapse; is that correct?  And what was his answer?  A. His answer is: Yes, ma'am.  Q. Is that consistent or inconsistent with Dr. Heit's medical records on this question?  A. It's consistent.  Q. Was Dr. Heit further asked: To your knowledge, was the PROLIFT® providing proper anatomical support of	11 12 13 14 15 16 17 18 19 20 21 22 23	this testimony. BY MR. ISMAIL: Q. Dr. Lowman, I've not actually done anything yet. New question. Dr. Lowman, I'm handing you Defense Exhibit-10020.5. Are you familiar with this document? A. I am. Q. Is this a copy of the pathology report that was prepared based on the mesh that Dr. Heit removed from
11 12 13 14 15 16 17 18 19 20 21 22	Dr. Heit was asked: During your examination, I take it you did not find that she had a bladder prolapse; is that correct?  And what was his answer?  A. His answer is: Yes, ma'am.  Q. Is that consistent or inconsistent with Dr. Heit's medical records on this question?  A. It's consistent.  Q. Was Dr. Heit further asked:  To your knowledge, was the PROLIFT®	11 12 13 14 15 16 17 18 19 20 21 22	this testimony. BY MR. ISMAIL: Q. Dr. Lowman, I've not actually done anything yet. New question. Dr. Lowman, I'm handing you Defense Exhibit-10020.5. Are you familiar with this document? A. I am. Q. Is this a copy of the pathology report that was prepared based

		,		
	P	age 110		Page 112
1	A. It is.		1	bunched was because of surgical
2	Q. Did you review this		2	technique?
3	document?		3	A. Yes.
4	A. I did.		4	Q. Did you review Dr. Baker's
5	Q. Are you familiar with it?		5	medical records and his deposition to
6	A. Yes.		6	understand how he implanted the PROLIFT®?
7	Q. Have you reviewed pathology		7	A. I did.
8	reports before?		8	Q. Now, did Dr. Baker describe
9	A. I have.		9	in his operative note that he implanted
10	Q. This pathology report, Dr.		10	the PROLIFT®, quote, per protocol?
11	Lowman, in your opinion, does it provide		11	A. He did.
12	any indication that Mrs. Hammons' mesh		12	Q. Does that answer the
13	had contracted and that's why it needed		13	question that you were asked to
14	to be removed in August or in 2012?		14	investigate?
15	A. No.		15	A. Not completely, no.
16	Q. And why do you say that?		16	Q. Did you do further analysis
17	A. This pathology report is a		17	to determine what Dr. Baker did or did
18	, ,,		18	
19	gross description of what was sent to the		19	not do when he implanted the PROLIFT® in Mrs. Hammons?
20	pathologist for evaluation. Usually,			
	pathologists just describe the fact that		20	A. The only thing I have to go
21	they have vaginal mesh there, maybe they		21	on, on what he did was his operative
22	have suture there.		22	report. He was not specific in his
23	They are describing it		23	description of his actual implantation of
24	grossly. They are not looking at		24	the PROLIFT®, other than the fact that he
	D	age 111		Page 112
1	looking at it under a microscope, per se.	age III	1	Page 113 described that he sutured the PROLIFT® at
2	Q. So when the pathologist		2	the apex.
3	describes a gross description of a lot		3	Q. So you indicated that Dr.
4	of us use the word "gross" to mean		4	Baker sutured the PROLIFT® to the apex.
5	something else in a different contexts.		5	A. Right.
6	When you're talking about a		6	Q. Now, do you have an opinion,
7	pathology review, what is a gross		7	Dr. Lowman, as to what caused Mrs.
8				Hammons' mesh to become rolled and
9	description?		8 9	
	A. That means they're		-	bunched to the point that Dr. Heit removed it in 2012?
10	eyeballing it, they're just looking at		10	
11	it, feeling it and then describing it.		11	A. Yes, I do.
12	Q. Does the pathologist		12	Q. Can you tell the members of
13	describe contracted mesh in this report?		13	the jury what your opinion is?
14	Is that terminology used?		14	MR. SLATER: Objection.
15	A. She does not, or he.		15	Beyond the scope.
16	Q. Based on everything you		16	You can answer.
17	reviewed, Dr. Lowman, including what		17	THE WITNESS: I believe that
18	you've testified to, was the complication		18	Mrs. Hammons' mesh became rolled
19	of Mrs. Hammons' PROLIFT® mesh caused b	У	19	or bunched because the mesh was
20	mesh contraction?		20	secured to the apex, which is the
21	A. No.		21	top of her vagina, and her top
22	Q. Did you also consider the		22	the top of her vagina was actually
23	explanation offered by Dr. Heit that the		23	prolapsing at the time. And the
24	reason why the mesh became rolled and		24	prolapse of the top of the vagina

		-			
		Page 114			Page 116
1	caused the mesh to sort of fall in		1	with a uterus or no?	
2	this direction and roll or bunch		2	A. It does not.	
3	underneath the bladder neck.		3	Q. So in terms of Mrs. Hammons,	
4	BY MR. ISMAIL:		4	did Dr. Baker do a vaginal hysterectomy	
5	Q. And, Dr. Lowman, have you		5	before he did the PROLIFT® procedure?	
			6	· · · · · · · · · · · · · · · · · · ·	
6	helped us put together some slides to				
7	explain this concept to the members of		7	Q. Okay. So now that we're	
8	the jury?		8	sort of oriented here.	
9	A. I have.		9	You indicated you used	
10	Q. Okay, Doctor, I have up on		10	the term you used a couple of terms in	
11	the screen the first slide.		11	your last answer a moment ago, one of	
12	And you used a lot of terms		12	which was vaginal cuff, and one of which	
13	in your last answer here, and I thought		13	was the apex. And I'd like to explain	
14	we could use this to orient the members		14	that now if we could.	
15	of the jury to your the opinion you		15	A. Okay.	
16	are giving in this case		16	Q. Generally speaking, what is	
17	A. Okay.		17	the apex, when we're talking about this	
18	Q and your basis for it,		18	area of the body?	
19	okay?		19	A. So the apex is the top of	
20	A. Okay.		20	the vagina, where those three black lines	
21	Q. So just real basic.		21	are located. That whole sort of	
22	A. Okay.		22	curvature is considered the apex.	
23	<ul><li>Q. We're looking at several of</li></ul>		23	Q. Okay. So let's see if we	
24	the organs that we've talked a lot about		24	can do it this way.	
		Page 115			Page 117
1	in this trial. And let's orient where we	Page 115	1	When you say the	Page 117
		Page 115		When you say the "curvature," tell me if I've done it	Page 117
2	are.	Page 115	2	"curvature," tell me if I've done it	Page 117
2	are. Where is the front of the	Page 115	2	"curvature," tell me if I've done it right. Is this, generally speaking, the	Page 117
2 3 4	are.  Where is the front of the woman here?	Page 115	2 3 4	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?	Page 117
2 3 4 5	are.  Where is the front of the woman here?  A. The front of the woman is at	Page 115	2 3 4 5	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right.	Page 117
2 3 4 5 6	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.	Page 115	2 3 4 5 6	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right.  Q. You also indicated the term	Page 117
2 3 4 5 6 7	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left	Page 115	2 3 4 5 6 7	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff.	Page 117
2 3 4 5 6 7 8	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left to right, first of all, what is this	Page 115	2 3 4 5 6 7 8	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff. A. Right.	Page 117
2 3 4 5 6 7 8	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left to right, first of all, what is this organ here?	Page 115	2 3 4 5 6 7 8 9	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff. A. Right. Q. What is the vaginal cuff?	Page 117
2 3 4 5 6 7 8 9	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left to right, first of all, what is this organ here?  A. That's the bladder.	Page 115	2 3 4 5 6 7 8 9 10	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff. A. Right. Q. What is the vaginal cuff? A. The vaginal cuff is the	Page 117
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2 3 4 5 6 7 8 9 10 11 12	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left to right, first of all, what is this organ here?  A. That's the bladder.  Q. What is this organ here?  A. That's the vagina.	Page 115	2 3 4 5 6 7 8 9 10 11 12	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff. A. Right. Q. What is the vaginal cuff? A. The vaginal cuff is the area, the suture line where we have amputated or removed the uterus and cervix. So where those black lines are	Page 117
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left to right, first of all, what is this organ here?  A. That's the bladder.  Q. What is this organ here?  A. That's the vagina.  Q. And what is this organ here?  A. That's the rectum.  Q. So as we're going left to right, is all the way to the right the posterior  A. Simple terms. The back.	Page 115	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff. A. Right. Q. What is the vaginal cuff? A. The vaginal cuff is the area, the suture line where we have amputated or removed the uterus and cervix. So where those black lines are is where the uterus would normally sit.  In order for us to perform a hysterectomy, we have to cut the uterus out from that area. And those black lines indicate the suture where we've	Page 117
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left to right, first of all, what is this organ here?  A. That's the bladder.  Q. What is this organ here?  A. That's the vagina.  Q. And what is this organ here?  A. That's the rectum.  Q. So as we're going left to right, is all the way to the right the posterior  A. Simple terms. The back.  Q. The back.  And then the left is the	Page 115	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff. A. Right. Q. What is the vaginal cuff? A. The vaginal cuff is the area, the suture line where we have amputated or removed the uterus and cervix. So where those black lines are is where the uterus would normally sit.  In order for us to perform a hysterectomy, we have to cut the uterus out from that area. And those black lines indicate the suture where we've sutured the two ends of the vagina back together.	Page 117
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left to right, first of all, what is this organ here?  A. That's the bladder.  Q. What is this organ here?  A. That's the vagina.  Q. And what is this organ here?  A. That's the rectum.  Q. So as we're going left to right, is all the way to the right the posterior  A. Simple terms. The back.  Q. The back.  And then the left is the front; is that correct?	Page 115	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff. A. Right. Q. What is the vaginal cuff? A. The vaginal cuff is the area, the suture line where we have amputated or removed the uterus and cervix. So where those black lines are is where the uterus would normally sit.  In order for us to perform a hysterectomy, we have to cut the uterus out from that area. And those black lines indicate the suture where we've sutured the two ends of the vagina back together.  Q. So in a woman who has had	Page 117
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left to right, first of all, what is this organ here?  A. That's the bladder.  Q. What is this organ here?  A. That's the vagina.  Q. And what is this organ here?  A. That's the rectum.  Q. So as we're going left to right, is all the way to the right the posterior  A. Simple terms. The back.  Q. The back.  And then the left is the front; is that correct?  A. That's correct.	Page 115	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff. A. Right. Q. What is the vaginal cuff? A. The vaginal cuff is the area, the suture line where we have amputated or removed the uterus and cervix. So where those black lines are is where the uterus would normally sit.  In order for us to perform a hysterectomy, we have to cut the uterus out from that area. And those black lines indicate the suture where we've sutured the two ends of the vagina back together.  Q. So in a woman who has had her uterus removed, are the apex and the	Page 117
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left to right, first of all, what is this organ here?  A. That's the bladder.  Q. What is this organ here?  A. That's the vagina.  Q. And what is this organ here?  A. That's the rectum.  Q. So as we're going left to right, is all the way to the right the posterior  A. Simple terms. The back.  Q. The back.  And then the left is the front; is that correct?  A. That's correct.  Q. And is what we depicted	Page 115	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff. A. Right. Q. What is the vaginal cuff? A. The vaginal cuff is the area, the suture line where we have amputated or removed the uterus and cervix. So where those black lines are is where the uterus would normally sit.  In order for us to perform a hysterectomy, we have to cut the uterus out from that area. And those black lines indicate the suture where we've sutured the two ends of the vagina back together.  Q. So in a woman who has had her uterus removed, are the apex and the cuff essentially the same thing?	Page 117
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	are.  Where is the front of the woman here?  A. The front of the woman is at the on the left side.  Q. And if we're going from left to right, first of all, what is this organ here?  A. That's the bladder.  Q. What is this organ here?  A. That's the vagina.  Q. And what is this organ here?  A. That's the rectum.  Q. So as we're going left to right, is all the way to the right the posterior  A. Simple terms. The back.  Q. The back.  And then the left is the front; is that correct?  A. That's correct.	Page 115	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	"curvature," tell me if I've done it right. Is this, generally speaking, the apex?  A. Right. Q. You also indicated the term vaginal cuff. A. Right. Q. What is the vaginal cuff? A. The vaginal cuff is the area, the suture line where we have amputated or removed the uterus and cervix. So where those black lines are is where the uterus would normally sit.  In order for us to perform a hysterectomy, we have to cut the uterus out from that area. And those black lines indicate the suture where we've sutured the two ends of the vagina back together.  Q. So in a woman who has had her uterus removed, are the apex and the	Page 117

		Page 118		Page 120
1	Q. And you said this was a hole		1	top of the vagina, is what we consider
2	that the that Dr. Baker had to make		2	the cornerstone of pelvic organ
3	to, basically I think the word you		3	prolapse the cornerstone of pelvic
4	used, was amputate the uterus?		4	organ support. So if the apex is not
5	A. Right.		5	well supported, it puts the anterior and
6	Q. And did he have to close		6	
			7	posterior compartments at risk for
7	that hole back up?		-	failure.
8	A. Right.		8	Q. Okay. Can a patient develop
9	Q. And is that called the cuff?		9	an apical prolapse?
10	A. Right.		10	A. Yes. She had that.
11	<ul><li>Q. So what is this blue strip</li></ul>		11	Q. So when you say "she had
12	here meant to represent?		12	that" are you referring to
13	A. That's meant to represent		13	A. Mrs. Hammons.
14	the where the anterior PROLIFT® would		14	Q. So prior to the time that
15	lie.		15	Dr. Baker implanted the PROLIFT®, had
16	-			
	Q. And is it placed here		16	Mrs. Hammons presented with an apical
17	ordinarily when you're trying to support		17	PROLIFT®
18	the bladder?		18	A. She did, yes.
19	A. Yes.		19	Q prolapse? Sorry.
20	Q. Now, you indicated, in one		20	A. She did.
21	of your last answers, that Dr. Baker		21	Q. Did Dr. Baker do any
22	sutured the PROLIFT® to the apex.		22	surgical repair that totally fixed the
23	A. Right.		23	apical prolapse?
24	Q. Can that be done as part of		24	A. He did not.
	ı	Page 119		Page 12:
4	II DDOLTETO I S			5
1	the PROLIFT® procedure?		1	
	•			Q. Now, is an anterior PROLIFT®
2	A. Yes, it's commonly done.		2	Q. Now, is an anterior PROLIFT® designed to support an apical prolapse?
2	<ul><li>A. Yes, it's commonly done.</li><li>Q. But what did Dr. Baker do in</li></ul>		2 3	Q. Now, is an anterior PROLIFT® designed to support an apical prolapse? A. It's not.
2 3 4	A. Yes, it's commonly done. Q. But what did Dr. Baker do in this case that you believe led to the		2 3 4	Q. Now, is an anterior PROLIFT® designed to support an apical prolapse? A. It's not. Q. But I thought you indicated,
2 3 4 5	A. Yes, it's commonly done. Q. But what did Dr. Baker do in this case that you believe led to the problems later on?		2 3 4 5	Q. Now, is an anterior PROLIFT® designed to support an apical prolapse?  A. It's not. Q. But I thought you indicated, Doctor, that Dr. Baker sewed the PROLIFT®
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		-		
	Pag	ge 122		Page 124
1	rectum rests behind the back wall. The		1	A. Yes.
2	uterus and cervix, if it was in the		2	Q. What effect did that have on
3	picture, would be resting at the top.		3	the mesh that was sewn to it?
4	It's the vaginal walls that		4	A. It caused it to pull forward
5	are dropping and falling in the pelvic		5	or to roll or bunch.
6	organ prolapse. It's not a problem with		6	Q. Did that process continue to
7	the bladder or the rectum or the uterus.		7	the time that Mrs. Hammons found her way
8	Q. Did Mrs. Hammons, after the		8	to Dr. Heit in 2012?
9	implantation of the PROLIFT®, develop a		9	A. Most likely.
10	worsening apical prolapse?		10	MR. SLATER: Counsel, just
11	A. She did.		11	one other thing. We've never seen
12	Q. What effect did that have on		12	these diagrams. They were never
13	the PROLIFT®, which Dr. Baker sewed to		13	suggested by the report, they were
14	it?		14	never provided. We never had any
15	A. It didn't allow it to lie		15	ability to meet this in our case.
16	flat in that compartment.		16	I'm putting that on the record as
17	•			
	Q. And have you helped us		17	well. Along with our objection
18	prepare some slides to represent that		18	that these opinions are new
19	phenomenon?		19	opinions.
20	A. I have.		20	MR. ISMAIL: I'm not sure if
21	Q. This first slide here,		21	you got spoken over, Doctor, so
22	orient the jury, if you could, to what's		22	let me re-ask the question.
23	happening in comparison to the slide we		23	BY MR. ISMAIL:
24	just looked at?		24	Q. Did the process of Mrs.
	Pag	ge 123		Page 125
1		ge 123	1	
1 2	MR. SLATER: I just want to	ge 123		Hammons' apical prolapse continue to the
2	MR. SLATER: I just want to state again, I object to this	ge 123	2	Hammons' apical prolapse continue to the time that she was ultimately referred to
2 3	MR. SLATER: I just want to state again, I object to this testimony. I don't believe this	ge 123	2 3	Hammons' apical prolapse continue to the time that she was ultimately referred to Dr. Heit in 2012?
2 3 4	MR. SLATER: I just want to state again, I object to this testimony. I don't believe this was spelled out in the report.	ge 123	2 3 4	Hammons' apical prolapse continue to the time that she was ultimately referred to Dr. Heit in 2012?  A. It did.
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2 3 4 5 6	MR. SLATER: I just want to state again, I object to this testimony. I don't believe this was spelled out in the report.  BY MR. ISMAIL: Q. Go ahead, ma'am.	ge 123	2 3 4 5 6	Hammons' apical prolapse continue to the time that she was ultimately referred to Dr. Heit in 2012?  A. It did. Q. So if we continue the process forward, in this next slide, do
2 3 4 5 6 7	MR. SLATER: I just want to state again, I object to this testimony. I don't believe this was spelled out in the report.  BY MR. ISMAIL: Q. Go ahead, ma'am. A. So this picture is	ge 123	2 3 4 5 6 7	Hammons' apical prolapse continue to the time that she was ultimately referred to Dr. Heit in 2012?  A. It did. Q. So if we continue the process forward, in this next slide, do you further depict an apical prolapse to
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		Page 126		Page 128
1	continue to develop over time during that		1	led to the rolled and bunched mesh?
2	entire time period?		2	A. The lack of supporting the
3	A. Yes.		3	apex that he sutured the mesh to.
4	Q. And is what you're showing		4	Q. And have you described for
5	here, that blue line that's sort of		5	the jury why you believe that that
6	rolled and bunched, is that how you		6	surgical technique decision of Dr.
7	understand Mrs. Hammons' mesh was		7	Baker's led to the mesh being in the
8	presenting to Dr. Heit in 2012?		8	condition it was in 2012?
9	A. Yes.		9	A. Yes.
10			10	
	•			Q. Now, let's talk about the
11	a doctor provided any surgical repair of		11	turn about of the consequences of that
12	Mrs. Hammons' apical prolapse?		12	rolled and bunched mesh in 2012, okay?
13	A. When Dr. Heit operated on		13	A. Okay.
14	her.		14	Q. In the summer of 2012, did
15	Q. Now, do you believe the		15	Mrs. Hammons develop urinary incontinence
16	failure to support the apex, of Dr. Baker		16	symptoms?
17	in May of 2009, was that a mistake?		17	A. She did.
18	A. Yes.		18	Q. Doctor, in your clinical
19	Q. Do you believe that the		19	experience, do you treat patients with
20	failure to support the apex in the		20	urinary incontinence?
21	subsequent apical prolapse, did that have		21	A. I do.
22	any contribution to how the mesh became		22	Q. Just briefly, are there
23	rolled and bunched in 2012?		23	different types of incontinence
24	MR. SLATER: Objection to		24	conditions that a patient can develop?
27	MR. SLATER. Objection to		27	conditions that a patient can develop:
		Page 127		Page 129
1		J		
1 Т	this. Again, there's no opinion		1	A. There are.
1 2	this. Again, there's no opinion that it was a mistake. It was not		1 2	A. There are.     O. Can you describe some of
2	that it was a mistake. It was not		2	Q. Can you describe some of
2	that it was a mistake. It was not phrased this way. We object to		2	Q. Can you describe some of those, briefly, for the jury?
2 3 4	that it was a mistake. It was not phrased this way. We object to this line.		2 3 4	Q. Can you describe some of those, briefly, for the jury? A. Sure. The most common
2 3 4 5	that it was a mistake. It was not phrased this way. We object to this line.  MR. ISMAIL: I'll rephrase.		2 3 4 5	Q. Can you describe some of those, briefly, for the jury? A. Sure. The most common reasons to have urinary incontinence in
2 3 4 5 6	that it was a mistake. It was not phrased this way. We object to this line.  MR. ISMAIL: I'll rephrase.  MR. SLATER: And, again,		2 3 4 5 6	Q. Can you describe some of those, briefly, for the jury? A. Sure. The most common reasons to have urinary incontinence in the female pelvic female patient
2 3 4 5 6 7	that it was a mistake. It was not phrased this way. We object to this line.  MR. ISMAIL: I'll rephrase.  MR. SLATER: And, again, object to this question again,		2 3 4 5 6 7	Q. Can you describe some of those, briefly, for the jury? A. Sure. The most common reasons to have urinary incontinence in the female pelvic female patient population is overactive bladder, where
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		1		
	Page 13	)		Page 132
1	physician, Dr. Royer?	1	whether she has any complaints of	
2	A. I believe so.	2	incontinence since Dr. Heit's care and	
3	Q. What type of incontinence	3	treatment of her?	
4	did Dr. Heit diagnose Mrs. Hammons as	4	A. I have.	
5	having in 2012?	5	Q. And does she have any	
6	A. Insensible urine loss.	6	complaints that she's testified to on the	
7	Q. Is that a condition you're	7	issue of incontinence?	
8	familiar with?	8	A. No.	
9	A. It is.	9	Q. Did Dr. Heit, as part of his	
10		10	assessment of Mrs. Hammons, assess her	
11	Q. What is insensible urine loss?		·	
		11	bladder capacity?	
12	A. That means that the patient	12	A. He did.	
13	is experiencing incontinence without	13	Q. Did he do so both before and	
14	sensation.	14	•	
15	Q. Now, Doctor, do you agree	15	her to treat her incontinence symptoms?	
16	with Dr. Heit that the rolled and bunched	16	A. He did.	
17	mesh may have been contributing to Mrs.	17	Q. Dr. Lowman, I'm going to	
18	Hammons insensible urine loss?	18	provide you a copy of Defense	
19	A. Yes, it may have.	19	•	
20	Q. Have you described for the	20	that this is a medical record that you	
21	jury what you believe happened as to how	21	reviewed in this case?	
22	the rolled the mesh became rolled and	22	A. Yes, it is.	
23	bunched in 2012?	23	<li>Q. Can you tell the members of</li>	
24	A. I have.	24	the jury what this is?	
		<u> </u>		
	Page 13			Page 133
1	Page 13 Q. Is that in reference to the	1	A. This is a consultation note	Page 133
1 2			A. This is a consultation note from Dr. Heit.	Page 133
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Is that in reference to the apical prolapse you've described already? A. Yes. Q. Now, Dr. Heit, did he do a procedure to remove the mesh from the bladder neck? A. Yes, he did. Q. Do you agree with Dr. Heit's decision to do that? A. Yes, I do. Q. What happened in particular to Mrs. Hammons' complaints of incontinence after Dr. Heit did his procedures in the end of 2012 and early 2013? A. They resolved. Q. Have you seen any indication in the medical records, since early 2013, that Mrs. Hammons has had any complaints of incontinence the likes of which she had before she saw Dr. Heit? A. No. Q. Have you reviewed Mrs.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	from Dr. Heit. Q. And to whom is it sent? A. It was sent to Dr. Lackey. Q. And does what's the date of it? A. January of 2013. Q. Does Dr. Heit inform Dr. Lackey here of some of the testing that he's done on his patient, Patricia Hammons? A. He does. Q. Does that include an assessment of bladder capacity? A. It does. Q. And is that under the first paragraph? A. Yes. Q. And towards the end of that paragraph, what does Dr. Heit say is Mrs. Hammons bladder capacity? A. He says that her capacity is normal.	Page 133
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Is that in reference to the apical prolapse you've described already? A. Yes. Q. Now, Dr. Heit, did he do a procedure to remove the mesh from the bladder neck? A. Yes, he did. Q. Do you agree with Dr. Heit's decision to do that? A. Yes, I do. Q. What happened in particular to Mrs. Hammons' complaints of incontinence after Dr. Heit did his procedures in the end of 2012 and early 2013? A. They resolved. Q. Have you seen any indication in the medical records, since early 2013, that Mrs. Hammons has had any complaints of incontinence the likes of which she had before she saw Dr. Heit? A. No.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	from Dr. Heit. Q. And to whom is it sent? A. It was sent to Dr. Lackey. Q. And does what's the date of it? A. January of 2013. Q. Does Dr. Heit inform Dr. Lackey here of some of the testing that he's done on his patient, Patricia Hammons? A. He does. Q. Does that include an assessment of bladder capacity? A. It does. Q. And is that under the first paragraph? A. Yes. Q. And towards the end of that paragraph, what does Dr. Heit say is Mrs. Hammons bladder capacity? A. He says that her capacity is	Page 133

Page 134 Page 136 from any of her treating physicians, 1 described? after January of 2013, to suggest any 2 2 A. I haven't. 3 change in Mrs. Hammons' bladder capacity? 3 Q. Dr. Zipper opined that Mrs. 4 4 Hammons is at risk for future kidney 5 Q. What does this tell you, as 5 injury. 6 6 a specialist in this field, as to whether Are you familiar with that or not Mrs. Hammons has low bladder 7 7 testimony? 8 8 compliance? A. I am. 9 9 And have you formed a view Α. That she didn't have it. 0. 10 Have you seen any indication 10 as to whether Dr. Zipper is correct or in the medical records that any of Mrs. 11 11 not? Hammons' treating physicians have 12 12 Α. Yes. diagnosed her with low bladder 13 MR. SLATER: One second, 13 compliance? 14 14 objection. Not expressed in the 15 A. No. 15 report. 16 16 Now, to the extent Mrs. BY MR. ISMAIL: Hammons has reports today of feelings of 17 17 Q. Dr. Lowman, can you please 18 urgency, that she has to use the restroom 18 tell us what your opinion is as to Dr. Zipper's suggestion that Mrs. Hammons is 19 more frequently, what's that called in 19 20 urogynecology? 20 at risk for future kidney problems? 21 A. Overactive bladder. 21 A. I think that's ridiculous. 22 22 Are there various factors O. Why do you say that? Ο. 23 that can lead a patient to develop 23 Because impaired compliance Α. 24 overactive bladder? 24 of the bladder has got to be very severe Page 135 Page 137 A. There are. 1 in order for it to lead to kidney 1 2 What are some of those? 2 failure, so severe that the treating Q. 3 3 The most common is irritant physicians often consider diversion, is 4 exposure; so exposure to things that 4 what we call it, but, basically, moving 5 irritate the bladder and cause it to be 5 urine that goes to the bladder to urine 6 overly contractive. That would include 6 that goes to the bowel. 7 coffee, tea, sodas, alcohol, carbonated 7 Q. Have you seen any 8 beverages, tobacco. 8 indication, Dr. Lowman, that any 9 Having pelvic organ prolapse 9 physician has diagnosed Patricia Hammons in particular, a cystocele, is associated with the severe bladder compliance 10 10 11 with irrelevant -- we call it irritated 11 condition that you've just described? voiding symptoms or overactive bladder as 12 12 Α. No. 13 well. 13 Q. Does Mrs. Hammons, today, O. Are there medications that have any compromised renal function? 14 14 can be offered to a patient to help treat 15 15 Α. No. 16 these symptoms of having to go more 16 Q. In terms of the most recent 17 frequently? 17 testing done, how is her kidney function? It's normal. 18 Α. Yes, there are. 18 Α. 19 Q. Have you seen any indication 19 Q. Doctor, we talked before in the medical records, following Dr. 20 about that a patient can present with 20 Heit's treatment of Mrs. Hammons, that 21 21 multiple organ prolapse. 22 she's been offered or has taken any of 22 Do you recall that 23 these medications to treat this 23 discussion? 24 overactive bladder symptom you've 24 Uh-huh. Α.

	,				
		Page 138		Pa	age 140
1	Q. Yes?		1	failing to treat a prolapse that is	
2	A. Yes.		2	presenting to a physician?	
3	Q. Are patients who developed		3	A. It may progress.	
4	prolapse in one with one organ at an		4	Q. Now, we already looked at a	
5	increased risk for developing it in other		5	record, and I'll put it back up on the	
6	organs?		6	screen, that Dr. Baker, before the	
7	A. Yes.		7	PROLIFT®, assessed that Mrs. Hammons had	4
8			8	multiorgan prolapse; is that correct?	4
9	in with multiple organs, do you try to		9	A. That's correct.	
10	treat all those prolapses when you're a		10	Q. One of which was the bladder	
11	treating physician?		11	prolapse; is that right?	
12	A. Yes.		12	A. Yes, that's right.	
13	Q. Why?		13	Q. And was the PROLIFT® the	
14	<ul> <li>A. Because it makes sense to</li> </ul>		14	procedure he did to support that?	
15	treat everything that's broken at the		15	A. Yes.	
16	time that you're treating pelvic organ		16	Q. And you already indicated	
17	prolapse.		17	that she had a uterine prolapse or an	
18	But, furthermore, it if		18	apical prolapse?	
19	you don't treat it, it's likely to		19	A. Yes.	
20	progress.		20	Q. Was there any treatment	
21	Q. So what are the consequences		21	offered to Mrs. Hammons at this point to	
22	of leaving a particular prolapse		22	treat that prolapse?	
23	untreated in a patient?		23	A. There was not.	
24	•		23 24		
Z <del>1</del>	A. It kind of you know, it		2 <del>1</del>	Q. You also indicated that she	
		Daga 120		Do	200 141
1	depends on the compartment that you're	Page 139	1		age 141
1	depends on the compartment that you're	Page 139	1	had a rectocele in May of 2009.	age 141
2	talking about.	Page 139	2	had a rectocele in May of 2009. Was there any surgical	age 141
2	talking about.  If you're talking about the	Page 139	2	had a rectocele in May of 2009. Was there any surgical repair offered of that prolapse?	age 141
2 3 4	talking about.  If you're talking about the apex, you put that patient at risk for	Page 139	2 3 4	had a rectocele in May of 2009.  Was there any surgical repair offered of that prolapse?  A. No.	age 141
2 3 4 5	talking about.  If you're talking about the apex, you put that patient at risk for developing prolapse in alternative	Page 139	2 3 4 5	had a rectocele in May of 2009.  Was there any surgical repair offered of that prolapse?  A. No.  Q. Now, subsequent to Dr.	age 141
2 3 4 5 6	talking about.  If you're talking about the apex, you put that patient at risk for developing prolapse in alternative compartments, because apical prolapse, or	Page 139	2 3 4 5 6	had a rectocele in May of 2009.  Was there any surgical repair offered of that prolapse?  A. No. Q. Now, subsequent to Dr. Baker's procedure, did Mrs. Hammons	age 141
2 3 4 5	talking about.  If you're talking about the apex, you put that patient at risk for developing prolapse in alternative	Page 139	2 3 4 5	had a rectocele in May of 2009.  Was there any surgical repair offered of that prolapse?  A. No.  Q. Now, subsequent to Dr.	nge 141
2 3 4 5 6	talking about.  If you're talking about the apex, you put that patient at risk for developing prolapse in alternative compartments, because apical prolapse, or	Page 139	2 3 4 5 6	had a rectocele in May of 2009.  Was there any surgical repair offered of that prolapse?  A. No. Q. Now, subsequent to Dr. Baker's procedure, did Mrs. Hammons	nge 141
2 3 4 5 6 7	talking about.  If you're talking about the apex, you put that patient at risk for developing prolapse in alternative compartments, because apical prolapse, or not supporting the apex, makes it very	Page 139	2 3 4 5 6 7	had a rectocele in May of 2009.  Was there any surgical repair offered of that prolapse?  A. No. Q. Now, subsequent to Dr. Baker's procedure, did Mrs. Hammons present to another physician with a	nge 141
2 3 4 5 6 7 8	If you're talking about the apex, you put that patient at risk for developing prolapse in alternative compartments, because apical prolapse, or not supporting the apex, makes it very difficult to support whatever compartment you're trying to support, either the	Page 139	2 3 4 5 6 7 8	had a rectocele in May of 2009.  Was there any surgical repair offered of that prolapse?  A. No. Q. Now, subsequent to Dr. Baker's procedure, did Mrs. Hammons present to another physician with a prolapse of a different organ?	nge 141
2 3 4 5 6 7 8	If you're talking about the apex, you put that patient at risk for developing prolapse in alternative compartments, because apical prolapse, or not supporting the apex, makes it very difficult to support whatever compartment	Page 139	2 3 4 5 6 7 8 9	had a rectocele in May of 2009.  Was there any surgical repair offered of that prolapse?  A. No.  Q. Now, subsequent to Dr.  Baker's procedure, did Mrs. Hammons present to another physician with a prolapse of a different organ?  A. Could you repeat the	nge 141
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	If you're talking about the apex, you put that patient at risk for developing prolapse in alternative compartments, because apical prolapse, or not supporting the apex, makes it very difficult to support whatever compartment you're trying to support, either the anterior compartment or the posterior compartment.  If it's, say, just the posterior compartment, the major risk is that that compartment might progress; if there's a mild prolapse there, it might get worse.  If you don't treat the apical part, and you're say you're let me start over.  Q. Let me start with a new	Page 139	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	had a rectocele in May of 2009.  Was there any surgical repair offered of that prolapse?  A. No. Q. Now, subsequent to Dr. Baker's procedure, did Mrs. Hammons present to another physician with a prolapse of a different organ?  A. Could you repeat the question for me? Q. Sure.  Subsequent to Dr. Baker's procedure, did Mrs. Hammons see a different physician because she developed prolapse in a different organ?  A. She did. Q. And who was that physician? A. Dr. Lackey. Q. What type of prolapse did Dr. Lackey diagnose?	nge 141
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	If you're talking about the apex, you put that patient at risk for developing prolapse in alternative compartments, because apical prolapse, or not supporting the apex, makes it very difficult to support whatever compartment you're trying to support, either the anterior compartment or the posterior compartment.  If it's, say, just the posterior compartment, the major risk is that that compartment might progress; if there's a mild prolapse there, it might get worse.  If you don't treat the apical part, and you're say you're let me start over.  Q. Let me start with a new question. I'll withdraw the prior question and start with a new question.	Page 139	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	had a rectocele in May of 2009.  Was there any surgical repair offered of that prolapse?  A. No. Q. Now, subsequent to Dr. Baker's procedure, did Mrs. Hammons present to another physician with a prolapse of a different organ?  A. Could you repeat the question for me? Q. Sure. Subsequent to Dr. Baker's procedure, did Mrs. Hammons see a different physician because she developed prolapse in a different organ?  A. She did. Q. And who was that physician? A. Dr. Lackey. Q. What type of prolapse did Dr. Lackey diagnose? A. A rectocele. Q. Did Dr. Lackey do a surgical	nge 141

	Page 142			Page 144
1	Q. What type of procedure did	1	instead withdrawn.	- 1
2	he do?	2	What does it tell you, that	- 1
3	A. He did a traditional repair	3	Mrs. Hammons has developed prolapse in	- 1
4	called a posterior colporrhaphy.	4	multiple organs, the bladder, the rectum,	- 1
5	Q. Is that the native tissue	5	the bowel and the apex?	- 1
6	•		•	- 1
	surgery that the jury's heard about?	6	A. It's just an indication of	- 1
7	A. Yes, it is.	7	the severity of her pelvic floor	- 1
8	Q. At that same time, did Dr.	8	dysfunction.	- 1
9	Lackey find yet another prolapse in	9	Q. And when you say it's "an	- 1
10	connection with the surgery he did on	10	indication of the severity of her pelvic	- 1
11	Mrs. Hammons?	11	floor dysfunction," what do you mean by	- 1
12	A. He did.	12	that?	- 1
13	Q. What is that?	13	A. I mean that she has so many	- 1
14	A. An enterocele.	14	risk factors for developing pelvic organ	- 1
15	Q. What kind of organ prolapse	15	prolapse. Part of that is pelvic floor	
16	is that?	16	dysfunction, sort of the fact that her	
17		17	connective tissues aren't working	
18	·			
	Q. Did Dr. Lackey repair that	18	appropriately to hold her organs up.	- 1
19	prolapse in the same procedure?	19	That affects the pelvis globally. Even	- 1
20	A. He did.	20	though it's just manifesting in the	- 1
21	Q. Now, Dr. Lowman, did Mrs.	21	anterior compartment initially, the other	- 1
22	Hammons' use or implantation of a	22	compartments are also at risk.	- 1
23	PROLIFT® cause her to develop a	23	Q. Now, did Dr. Heit, I think	- 1
24	rectocele?	24	you indicated he did a procedure, as	- 1
	Page 143	_		Page 145
1	A. No, it did not.	1	well, to provide surgical repair of one	Page 145
2	<ul><li>A. No, it did not.</li><li>Q. Why do you say that?</li></ul>	1 2	of the prolapses Mrs. Hammons had?	Page 145
2 3	<ul><li>A. No, it did not.</li><li>Q. Why do you say that?</li><li>A. She had a rectocele at the</li></ul>	1	of the prolapses Mrs. Hammons had? A. Yes.	Page 145
2	<ul><li>A. No, it did not.</li><li>Q. Why do you say that?</li></ul>	1 2	of the prolapses Mrs. Hammons had?	Page 145
2 3 4	<ul><li>A. No, it did not.</li><li>Q. Why do you say that?</li><li>A. She had a rectocele at the time of the PROLIFT® procedure.</li></ul>	1 2 3	of the prolapses Mrs. Hammons had? A. Yes. Q. So I think we started this	Page 145
2 3 4 5	<ul> <li>A. No, it did not.</li> <li>Q. Why do you say that?</li> <li>A. She had a rectocele at the time of the PROLIFT® procedure.</li> <li>Q. Did the PROLIFT® cause the</li> </ul>	1 2 3 4 5	of the prolapses Mrs. Hammons had? A. Yes. Q. So I think we started this discussion a while ago mentioning the	Page 145
2 3 4 5 6	A. No, it did not. Q. Why do you say that? A. She had a rectocele at the time of the PROLIFT® procedure. Q. Did the PROLIFT® cause the rectocele to get worse?	1 2 3 4	of the prolapses Mrs. Hammons had? A. Yes. Q. So I think we started this discussion a while ago mentioning the fact that Mrs. Hammons has had three	Page 145
2 3 4 5 6 7	<ul> <li>A. No, it did not.</li> <li>Q. Why do you say that?</li> <li>A. She had a rectocele at the</li> <li>time of the PROLIFT® procedure.</li> <li>Q. Did the PROLIFT® cause the</li> <li>rectocele to get worse?</li> <li>A. No, it didn't.</li> </ul>	1 2 3 4 5 6 7	of the prolapses Mrs. Hammons had? A. Yes. Q. So I think we started this discussion a while ago mentioning the fact that Mrs. Hammons has had three different types of prolapse procedures;	Page 145
2 3 4 5 6 7 8	<ul> <li>A. No, it did not.</li> <li>Q. Why do you say that?</li> <li>A. She had a rectocele at the</li> <li>time of the PROLIFT® procedure.</li> <li>Q. Did the PROLIFT® cause the</li> <li>rectocele to get worse?</li> <li>A. No, it didn't.</li> <li>Q. Why do you say that?</li> </ul>	1 2 3 4 5 6 7 8	of the prolapses Mrs. Hammons had? A. Yes. Q. So I think we started this discussion a while ago mentioning the fact that Mrs. Hammons has had three different types of prolapse procedures; is that correct?	Page 145
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. No, it did not. Q. Why do you say that? A. She had a rectocele at the time of the PROLIFT® procedure. Q. Did the PROLIFT® cause the rectocele to get worse? A. No, it didn't. Q. Why do you say that? A. Because fixing one compartment doesn't cause or worsen prolapse in other compartments. Q. Did the PROLIFT® cause Mrs. Hammons to develop the bowel prolapse? A. No, it didn't. Q. Is that for the same reasons you've just described? A. Right. Q. Did you see any indication in the medical records that any of Mrs. Hammons' treating physicians assessed that the PROLIFT® was the cause of either the bowel prolapse or the rectocele?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	of the prolapses Mrs. Hammons had?  A. Yes. Q. So I think we started this discussion a while ago mentioning the fact that Mrs. Hammons has had three different types of prolapse procedures; is that correct?  A. That's correct. Q. One of which was the PROLIFT®?  A. Right. Q. One of which was the native tissue surgery?  A. Right. Q. And another of which was using a graft from a pig to support her organs; is that correct?  A. That's correct. Q. Of the three surgeries that Mrs. Hammons had, did any of them fail? A. Yes.	Page 145

		Page 146			Page 148
1	Q. The native tissue surgery		1	Q. Is vaginal atrophy	
2	that Dr. Lackey did, did that result in a		2	associated with menopause and the loss of	
3	recurrence?		3	estrogen?	
4	A. It did.		4	A. It is.	
5	Q. The pig graft procedure that		5	Q. Did Mrs. Hammons, over time,	
6	Dr. Heit did, did that ultimately fail,		6	have multiple vaginal surgeries?	
7	too?		7	A. She did.	
8	A. It did.		8	Q. The vaginal hysterectomy	
9	Q. Up until the time that Dr.		9	that Mrs. Hammons had, is that associated	
10	Heit removed the PROLIFT®, had the		10	with dyspareunia?	
11	PROLIFT® failed?		11	A. It can be.	
12	A. No.		12	Q. The native tissue surgery	
13	Q. Is it surprising to you that		13	that Dr. Lackey did, is that associated	
14	Dr. Lackey's native tissue surgery		14	with dyspareunia?	
15	failed?		15	A. It is.	
16	A. It's not, no.		16	Q. The surgery that Dr. Heit	
17	Q. Why?		17	did, is that associated with dyspareunia?	
18	A. For the reasons that I just		18	A. It is.	
19	discussed. The fact that she has so many		19	Q. And you've already described	
	•				
20	risk factors for recurrence.		20	for us that you have looked at this	
21	<ul><li>Q. Is it surprising to you that</li></ul>		21	question yourself as to whether	
22	even the biologic graft that Dr. Heit did		22	dyspareunia is associated with the	
23	failed?		23	PROLIFT®, correct?	
24	A. It's not.		24	A. Right.	
		Page 147			Page 149
1	Q. Dr. Lowman, I want to now	J	-	O Now when did Mrs Hammons	J
			1	O. NOW, WHEN QUARTS, HANNING IS	
	•		1 2	Q. Now, when did Mrs. Hammons first report dyspareunia to one of her	
2	turn to the question of dyspareunia.		2	first report dyspareunia to one of her	
2	turn to the question of dyspareunia.  A. Okay.		2 3	first report dyspareunia to one of her physicians?	
2 3 4	turn to the question of dyspareunia. A. Okay. Q. In your patients, do you see		2 3 4	first report dyspareunia to one of her physicians?  A. She first reported	
2 3 4 5	turn to the question of dyspareunia. A. Okay. Q. In your patients, do you see complaints related to pain with		2 3 4 5	first report dyspareunia to one of her physicians?  A. She first reported dyspareunia to Dr. Baker at her postop	
2 3 4 5 6	turn to the question of dyspareunia. A. Okay. Q. In your patients, do you see complaints related to pain with intercourse?		2 3 4 5 6	first report dyspareunia to one of her physicians?  A. She first reported dyspareunia to Dr. Baker at her postop follow-up 11 weeks after her PROLIFT®	
2 3 4 5	turn to the question of dyspareunia.  A. Okay. Q. In your patients, do you see complaints related to pain with intercourse?  A. I do.		2 3 4 5	first report dyspareunia to one of her physicians?  A. She first reported dyspareunia to Dr. Baker at her postop follow-up 11 weeks after her PROLIFT® surgery.	
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	Pa	age 150			Page 152
1	Q. Okay. So the date is July		1	Mrs. Hammons was experiencing painful	
2	20th, 2009; is that correct?		2	sexual intercourse in July of 2009?	
3	A. That's correct.		3	A. I think the most likely	
4	Q. And does Dr. Baker document		4	the most likely reason that she was	
5	Mrs. Hammons' complaints and his findings		5	experiencing pain at that time was from	
6	on that date?		6	her vaginal cuff incision	
7	A. He does.		7		
				•	
8	Q. Did Dr. Baker do a vaginal		8	A from the hysterectomy.	
9	exam on this day?		9	Q. So the vaginal cuff	
10	A. He did.		10	incision.	
11	Q. Dr. Lowman, when you're		11	Which of the surgical	
12	examining a patient who has reported		12	procedures that Dr. Baker did required	
13	pain, do you sometimes attempt to		13	the vaginal cuff incision?	
14	reproduce the pain?		14	A. The vaginal hysterectomy.	
15	A. Yes, we do.		15	Q. And why do you say it most	
16	Q. Why do you do that?		16	likely is related to that procedure	
17	A. It gives us an indication of		17	rather than the PROLIFT®?	
18	the cause of the pain.		18	A. Because he reports that the	
19	Q. Did Dr. Baker do that in		19	pain is on the back, which is in the	
20	this case?		20	•	·@
				opposite compartment where the PROLIFT	(K)
21	A. He did.		21	was placed. And he reports that it's at	
22	Q. Does the particular spot or		22	the cuff.	
23	location that leads to pain, does it help		23	Q. So is the I think we	
24	tell you, as a doctor, what's going on		24	looked earlier at that anatomical	
	Pa	age 151			Page 153
1		age 151	1	drawing.	Page 153
1 2	with that patient?	age 151	1	drawing.	Page 153
2	with that patient? A. It does.	age 151	2	A. Uh-huh.	Page 153
2	with that patient? A. It does. Q. Did Dr. Baker document in	age 151	2 3	A. Uh-huh. Q. If we look back at this	Page 153
2 3 4	with that patient? A. It does. Q. Did Dr. Baker document in this record where he was able to	age 151	2 3 4	A. Uh-huh. Q. If we look back at this drawing here, the PROLIFT® is placed at	Page 153
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		Page 154			Page 156
1	Q. When did Mrs. Hammons next		1	A. He did.	
2	report pain with sexual activity?		2	Q. Now, did you review Dr.	
3	A. She next reported pain when		3	Lackey's deposition?	
4	she presented to Dr. Lackey.		4	Á. I did.	
5	Q. Was that at the end of 2009?		5	Q. Was Dr. Lackey asked, and	
6	A. Yes.		6	provided sworn testimony on this issue?	
7	Q. I'm now handing you what		7	A. He did.	
8	we've marked as Defense Exhibit-10043.4.		8	Q. Do you recall what Dr.	
9	Dr. Lowman, is this a record		9	Lackey testified to was what was his	
10	you reviewed and considered in this case?		10	belief as to what was causing Mrs.	
11	A. It is.		11	Hammons' pain, towards the ends of 2009,	
12			12		
	Q. Can you tell the jury what			with sexual activity?	
13	it is?		13	A. It was his opinion that her	
14	A. This is a progress note by		14	pain was being caused by the prolapse.	
15	Dr. Lackey.		15	Q. Did Dr. Lackey also mention	
16	Q. And the date of it?		16	that atrophy may be vaginal atrophy	
17	A. November 30th, 2009.		17	may be contributing to her pain?	
18	Q. Did Mrs. Hammons report to		18	A. Yes, he did.	
19	Dr. Lackey pain with sexual activity on		19	Q. Dr. Lowman, do you see any	
20	this at this visit?		20	reason to disagree with Dr. Lackey's	
21	A. She did.		21	conclusion about his own patient and what	
22	Q. Now, did Mrs. Hammons tell		22	was causing her pain with sexual	
23	Dr. Lackey about her prior surgery with		23	activity?	
24	Dr. Baker?		24	A. No.	
		Page 155	4	O Can waginal atmosphy land to	Page 157
1	A. She did.		1	Q. Can vaginal atrophy lead to	
2	Q. And is that documented here?		2	pain?	
3	A. It is.		3	A. Yes.	
4	Q. Can you direct us to where		4	Q. Can a severe rectocele, the	
5	that is?		5	likes of which Mrs. Hammons had, lead to	
6	A. In the beginning of his		6	pain with sexual activity?	
7	assessment, he says that she had a		7	A. Yes.	
8	hysterectomy and bladder repair in May of		8	Q. And you've already described	
9	this year. The uterus was coming out and		9	for the jury that Dr. Lackey did a	
10	the bladder was dropped. She thinks they		10	surgery to help correct the prolapse that	
11	used mesh and those symptoms are better.		11	Mrs. Hammons had developed in other	
12	Q. Did Dr. Lackey do an		12	organs outside of the bladder, correct?	
13	examination on that date as to this		13	A. Yes.	
	.,		14	Q. In 2010, did Mrs. Hammons	
14	question of whether the mesh was				
14 15	question of whether the mesh was adequately supporting Mrs. Hammons'		15	report to any of her healthcare providers	
	•			report to any of her healthcare providers any complaints of dyspareunia?	
15	adequately supporting Mrs. Hammons'		15		
15 16	adequately supporting Mrs. Hammons' bladder?		15 16	any complaints of dyspareunia?	
15 16 17	adequately supporting Mrs. Hammons' bladder?  A. He did.		15 16 17	any complaints of dyspareunia?  A. Not that I'm aware of. Q. In 2011, did Mrs. Hammons	
15 16 17 18 19	adequately supporting Mrs. Hammons' bladder?  A. He did. Q. And what did he assess on that date?		15 16 17 18 19	any complaints of dyspareunia?  A. Not that I'm aware of. Q. In 2011, did Mrs. Hammons report to any of her healthcare providers	
15 16 17 18 19 20	adequately supporting Mrs. Hammons' bladder?  A. He did. Q. And what did he assess on that date? A. He said that her bladder is		15 16 17 18 19 20	any complaints of dyspareunia?  A. Not that I'm aware of. Q. In 2011, did Mrs. Hammons report to any of her healthcare providers any complaints of dyspareunia?	
15 16 17 18 19 20 21	adequately supporting Mrs. Hammons' bladder?  A. He did. Q. And what did he assess on that date? A. He said that her bladder is well supported.		15 16 17 18 19 20 21	any complaints of dyspareunia?  A. Not that I'm aware of. Q. In 2011, did Mrs. Hammons report to any of her healthcare providers any complaints of dyspareunia? A. No.	
15 16 17 18 19 20 21 22	adequately supporting Mrs. Hammons' bladder?  A. He did. Q. And what did he assess on that date? A. He said that her bladder is well supported. Q. Did Dr. Lackey also assess		15 16 17 18 19 20 21 22	any complaints of dyspareunia?  A. Not that I'm aware of. Q. In 2011, did Mrs. Hammons report to any of her healthcare providers any complaints of dyspareunia? A. No. Q. Now, we already discussed	
15 16 17 18 19 20 21	adequately supporting Mrs. Hammons' bladder?  A. He did. Q. And what did he assess on that date? A. He said that her bladder is well supported.		15 16 17 18 19 20 21	any complaints of dyspareunia?  A. Not that I'm aware of. Q. In 2011, did Mrs. Hammons report to any of her healthcare providers any complaints of dyspareunia? A. No.	f

2012.   Do you recall that?   A. It is.		,				
2 Do you recall that? 3 A. Yes. 4 Q. To the extent that Mrs. 5 Hammons was sexually active in that 6 period of time, what do you believe would 7 be the factors that would cause her to 8 have pain with sexual activity? 9 And, again, we're talking 10 about the period of time around Dr. 11 Heit's treatment, when he found the mesh 12 rolled and bunched. 13 A. I think her painful 14 intercourse was most likely, at that 15 time, multifactoral, for all of the 16 reasons that we just talked about. So 17 she demonstrated vaginal atrophy at the 18 time that she presented to Dr. Heit. 19 prolapse at the time that she presented to Dr. Heit. 19 prolapse at the time that she presented to Dr. Heit. 10 prolapse at the time that she presented to Dr. Heit. 11 And he did palpate her mesh 12 thorse things can contribute to 13 dayspareunia.  Page 159 1 And he did palpate her mesh 2 and reproduce pain there, so I do think 3 that was likely contributing to her 4 dyspareunia as well. 5 MR. ISMAIL: We need to 6 change the tape. 7 VIDEO TECHNICIAN: Going off 8 the record at 4:20 p.m. 9 10 (Whereupon, a brief recess 10 was taken.) 11 urn now to the period of time after Dr. 14 Heit's freatment, what to strength and the produce pain there, so I do think 15 BY MR. ISMAIL: 16 Q. Dr. Lowman, did I want to 17 turn now to the period of time after Dr. 18 Heit did his procedures, the end of 2012, 19 early 2013, okay? 20 A. Okay. 21 Q. I'm going to hand you what 22 we marked as Defense Exhibit 10039.3. 23 Is this a medical record you 24 Was marked as Defense Exhibit 10039.3. 25 Is this a medical record you 26 A. Okay. 27 Q. I'm going to hand you what 28 we marked as Defense Exhibit 10039.3. 29 La Columbact of time, that is has sexual activity.	١.,	2012	Page 158		A 71.	Page 160
3 A. Yes. 4 Q. To the extent that Mrs. 5 Hammons was sexually active in that 6 period of time, what do you believe would 7 be the factors that would cause her to 8 have pain with sexual activity? 9 And, again, we're talking 10 about the period of time around Dr. 11 Helt's treatment, when he found the mesh 12 rolled and bunched. 13 A. I think her painful 14 intercourse was most likely, at that 15 time, multifactorial, for all of the 16 reasons that we just talked about. So 16 reasons that we just talked about. So 17 she demonstrated vaginal atrophy at the 18 time that she presented to Dr. Heit. 19 She demonstrated stage III 10 prolapse at the time that she presented 11 to Dr. Heit. He also described her 12 having a foreshortened vagina. All of 12 dyspareunia.  Page 159  And he did palpate her mesh 1 and reproduce pain there, so I do think 1 that was likely contributing to her 1 dyspareunia as well. 5 MR. ISMAIL: We need to 1 change the tape. 7 VIDEO TECHNICIAN: Going off 1 the record at 4:20 p.m. 9						
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5 Hammons was sexually active in that 6 period of time, what do you believe would 7 be the factors that would cause her to 8 have pain with sexual activity? 9 And, again, we're talking 10 about the period of time around Dr. 11 Heilt's treatment, when he found the mesh 12 rolled and bunched. 13 A. I think her painful 14 intercourse was most likely, at that 15 time, multifactorial, for all of the 16 reasons that we just talked about. So 17 she demonstrated vaginal abrophy at the 18 time that she presented to Dr. Heit. 19 She demonstrated stage III 20 prolapse at the time that she presented 21 to Dr. Heit. He also described her 22 thore things can contribute to 23 those things can contribute to 24 dyspareunia. 25 MR, ISMAIL: We need to 26 change the tape. 27 VIDEO TECHNICIAN: Going off 28 the record at 4:20 p.m. 29 Was this No. Heit's last 10 Q. Was this Dr. Heit's last 11 visit with Mrs. Hammons? 12 A. It is. 13 Q. Now, so we have at the top 14 April 22nd, 2013; is that correct? 15 A. That's correct. 16 Q. Did Dr. Heit do a physical 17 examination on this date? 18 A. He did. 19 Q. And what did he note? 20 A. He noted a normal vagina, 21 other then atrophy. No tenderness on 22 examination. 23 those things can contribute to 24 dyspareunia as well. 25 dyspareunia as well. 26 change the tape. 27 VIDEO TECHNICIAN: Going off 28 the record at 4:20 p.m. 29 G. Is vaginal atrophy that 29 Ond on the record at 4:28 p.m. 30 Page 159 31 VIDEO TECHNICIAN: We're 32 back on the record at 4:28 p.m. 33 VIDEO TECHNICIAN: We're 34 back on the record at 4:28 p.m. 35 Page 159 36 Page 159 37 A. It is. 39 Q. Now, so we have at the top 30 A. Theit do a physical 31 A. It is. 30 Q. And what did he note? 31 A. He did. 32 do and what did he note? 32 do and what did he note? 33 do and now is not, after having excised the mesh. 34 A. He did. 35 A. He did. 36 A. He did. 37 A. He noted a normal vagina. 39 Q. And what did he note? 30 A. Because she initially 31 A. Because she initially 32 A. It is. 33 A. He did. 44 Pril 22nd, 2013; a last she reco						
6 period of time, what do you believe would be the factors that would cause her to have pain with sexual activity? 9 And, again, we're talking 9 performed, yes. 10 about the period of time around Dr. 11 Heit's treatment, when he found the mesh 11 Heit's treatment, when he found the mesh 12 rolled and bunched. 12 rolled and bunched. 13 A. I think her painful 13 Q. Now, so we have at the top 14 Intercourse was most likely, at that 14 time, built factorial, for all of the 15 time, multifactorial, for all of the 15 time, multifactorial, for all of the 16 reasons that we just talked about. So 17 she demonstrated vaginal atrophy at the 18 time that she presented to Dr. Heit. 19 She demonstrated stage III 19 prolapse at the time that she presented to Dr. Heit. 19 and the provide page at the time that she presented to Dr. Heit. 19 and reproduce pain there, so I do think 21 things can contribute to 22 dyspareunia. 21 And he did palpate her mesh 22 and reproduce pain there, so I do think 3 that was likely contributing to her 4 dyspareunia as well. 20 And state significant to 21 to 21 Control to 22 to 22 Control to 23 Control to 24 dyspareunia as well. 21 Control to 24 dyspareunia as well. 22 Control to 24 dyspareunia as well. 25 Control to 26 Control to 27 Control to 28 Control to 29 Control t		•			· · · · · · · · · · · · · · · · · · ·	
7 be the factors that would cause her to 8 have pain with sexual activity? 9 And, again, we're talking 10 about the period of time around Dr. 11 Helt's treatment, when he found the mesh 12 rolled and bunched. 13 A. I think her painful 14 intercourse was most likely, at that 15 time, multifactorial, for all of the 16 reasons that we just talked about. So 17 she demonstrated vaginal abrophy at the 18 time that she presented to Dr. Heit. 19 She demonstrated stage III 20 prolapse at the time that she presented 21 to Dr. Heit. He also described her 22 having a foreshortened vagina. All of 23 those things can contribute to 24 dyspareunia.  Page 159  1 And he did palpate her mesh 2 and reproduce pain there, so I do think 3 that was likely contributing to her 4 dyspareunia as well. 5 MR. ISSMAIL: We need to 6 change the tape. 6 VIDEO TECHNICIAN: Going off 8 the record at 4:20 p.m. 9 Page 151 1 VIDEO TECHNICIAN: We're 10 Q. Dr. Lowman, did — I want to 11 turn now to the period of time after Dr. 12 early 2013, okay? 12 A. It is. 13 VIDEO TECHNICIAN: We're 14 back on the record at 4:28 p.m. 15 BY MR. ISMAIL: 16 Q. Dr. Lowman, did — I want to 17 turn now to the period of time after Dr. 18 Heit did his procedures, the end of 2012, 19 early 2013, okay? 20 A. Okay. 21 Q. I'm going to hand you what 22 we marked as Defense Exhibit 10039.3, 23 Is this a medical record you 24 A. Coltus is sexual activity.					•	
8 have pain with sexual activity? 9 And, again, we're talking 10 about the period of time around Dr. 11 Heit's treatment, when he found the mesh 12 rolled and bunched. 13 A. I think her painful 14 intercourse was most likely, at that 15 time, multifactorial, for all of the 16 reasons that we just talked about. So 16 reasons that we just talked about. So 17 she demonstrated vaginal atrophy at the 18 time that she presented to Dr. Heit. 19 She demonstrated stage III 19 prolapse at the time that she presented 10 to Pr. Heit. He also described her 10 those things can contribute to 10 dyspareunia. 11 And he did palpate her mesh 12 and reproduce pain there, so I do think 13 that was likely contributing to her 14 dyspareunia as well. 15 MR. ISMAIL: We need to 16 change the tape. 17 VIDEO TECHNICIAN: Going off 18 the record at 4:20 p.m. 19 (Whereupon, a brief recess 10 was taken.) 11 A. Vision 12 Your bear of time after Dr. 13 VIDEO TECHNICIAN: We're 14 back on the record at 4:28 p.m. 15 BY MR. ISMAIL: 16 Q. Dr. Lowman, did – I want to 17 turn now to the period of time after Dr. 18 Heit did his procedures, the end of 2012, 19 early 2013, okay? 20 A. Okay. 21 Q. I'm going to hand you what 22 we marked as Defense Exhibit 10039.3. 23 Is this a medical record you 24 A. Coitus is sexual activity.						
9 And, again, we're talking 19 bout the period of time around Dr. 11 Heit's treatment, when he found the mesh 11 visit with Mrs. Hammons? 12 rolled and bunched. 12 A. It is. 13 A. I think her painful 13 Q. Now, so we have at the top 14 intercourse was most likely, at that 14 intercourse was most likely, at that 15 time, multifactorial, for all of the 15 reasons that we just talked about. So 16 reasons that we just talked about. So 16 reasons that we just talked about. So 16 she demonstrated vaginal atrophy at the 18 time that she presented to Dr. Heit. 19 She demonstrated stage III 19 Q. And what did he note? A. He noted a normal vagina, other than atrophy. No tenderness on examination. 19 these things can contribute to 23 those things can contribute to 23 those things can contributing to her 24 dyspareunia as well. 25 MR. ISMAIL: We need to 26 change the tape. 27 VIDEO TECHNICIAN: Going off 18 the record at 4:20 p.m. 29 Q. Is vaginal atrophy that 20 Q. Dr. Lowman, did — I want to 15 turn now to the period of time after Dr. 17 turn now to the period of time after Dr. 18 Heit did his procedures, the end of 2012, 29 A. Okay. 20 A. Okay. 21 Q. I'm going to hand you what 21 to this has presented with the normal vagina, 20 there was a medical record you 29 A. Okay to proceed with coitus. 21 mean in non — 22 to 15 this a medical record you 29 A. Coitus is sexual activity.					after the operations he performed?	
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11 Heit's treatment, when he found the mesh rolled and bunched. 12 A. I think her painful 13 A. I think her painful 14 intercourse was most likely, at that 15 time, multifactorial, for all of the 16 reasons that we just talked about. So 16 reasons that we just talked about. So 17 she demonstrated vaginal atrophy at the 18 time that she presented to Dr. Heit. 19 She demonstrated stage III 20 prolapse at the time that she presented 21 to Dr. Heit. He also described her 21 those things can contribute to 23 those things can contribute to 24 dyspareunia.  Page 159  1 And he did palpate her mesh 2 and reproduce pain there, so I do think 3 that was likely contributing to her 4 dyspareunia as well. 5 MR. ISMAIL: We need to 6 change the tape. 7 VIDEO TECHNICIAN: Going off 8 the record at 4:20 p.m. 9 9 10 (Whereupon, a brief recess 11 was taken.) 12 10 (Whereupon, a brief recess 12 by MR. ISMAIL: 13 VIDEO TECHNICIAN: We're 14 back on the record at 4:28 p.m. 15 BY MR. ISMAIL: 16 Q. Dr. Lowman, did — I want to 17 turn now to the period of time after Dr. 18 Heit did his procedures, the end of 2012, 19 early 2013, okay? 19 here 10 Q. And what did he note? 20 A. Okay. 21 Q. I'm going to hand you what 22 we marked as Defense Exhibit 10039.3, 23 Is this a medical record you 24 visit with Mrs. I ammons? 24 A. It is. 24 A. It is. 25 A. He did. 26 A. He noted a normal vagina, on this date? 28 A. He did. 29 Q. And what did he note? 20 A. Okay. 20 A. Okay. 21 Q. I'm going to hand you what 22 we marked as Defense Exhibit 10039.3, 23 Is this a medical record you 25 A. Brist It is. 29 A. It is. 30 Q. I'm going to hand you what 21 did his procedures, the end of 2012, 21 we marked as Defense Exhibit 10039.3, 22 Is this a medical record you 21 A. Citus is sexual activity.	9	And, again, we're talking		9	performed, yes.	
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		Page 162		Page 164
1	that recommendation significant to you in		1	not feel like that condition currently
2	any way?		2	exists.
3	A. It is.		3	So if she does have pain
4	Q. Tell us why.		4	with intercourse at this time, it is most
	- · · · · · · · · · · · · · · · · · · ·			
5	A. I think that Dr. Heit is		5	likely not related to the mesh.
6	basically saying, you know, the problems		6	Q. If Mrs. Hammons is sexually
7	that you presented to me with are now		7	active since her treatment with Dr. Heit
8	resolved, it's fine for you to		8	and is reporting pain, what do you
9	continue or to resume your usual		9	believe to be the most likely explanation
10	activities.		10	for that pain?
11	Q. Since early 2013, Dr.		11	A. All of the other potential
12	Lowman, have you seen any indication		12	things that we talked about, which would
13	that withdrawn.		13	include vaginal atrophy, the fact that
14	In this record that we're		14	she may or may not have a shortened
15	looking at here, did Dr. Heit document		15	vaginal length, and the multiple
16	any concern that Mrs. Hammons		16	surgeries that she has been exposed to.
17	withdrawn.		17	Dr. Jolet, in her
18	Do you have an opinion, Dr.		18	evaluation, also documented the condition
19	Lowman, as to whether or not mesh was		19	of levator myalgia, which is where the
20	causing Mrs. Hammons any pain with		20	muscles around the vagina spasm, and that
21	intercourse after her care and treatment		21	can cause pain with intercourse as well.
22	by Dr. Heit?		22	Q. How about going forward, Dr.
23	A. That would be unlikely, no.		23	Lowman, is there any reason to believe
24	Q. And what do you base that		24	that Mrs. Hammons' implantation with a
_ '	Q. And what do you base that		21	that Phs. Hammons implantation with a
		Dago 162		Page 16E
1	on?	Page 163	1	Page 165
1	on?	Page 163	1	PROLIFT® in 2009 would cause her painful
2	A. My clinical experience, the	Page 163	2	PROLIFT® in 2009 would cause her painful intercourse in the future?
2	A. My clinical experience, the evaluation of mesh complications in the	Page 163	2	PROLIFT® in 2009 would cause her painful intercourse in the future?  MR. SLATER: One second,
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. My clinical experience, the evaluation of mesh complications in the literature, and Dr. Heit's assessment.  Q. Now, as of April of 2013, had Dr. Heit done procedures to remove the mesh from the vagina?  A. He did.  Q. And is that significant to you in considering whether or not, after his care and treatment, Mrs. Hammons' prior use of a PROLIFT® had any relation to complaints of painful sexual activity?  A. Current complaints?  Q. Correct.  A. You're asking no.  Q. Tell us tell us why that is significant.  A. It's significant because Dr. Heit's assessment was that he felt that the rolled and bunched mesh was contributing to her pain. After he	Page 163	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	PROLIFT® in 2009 would cause her painful intercourse in the future?  MR. SLATER: One second, counsel. I just want to move and object and move to strike the last answer. Reference to Dr. Jolet's exam by this witness is inappropriate, since that is a defense expert who is not testifying in trial.  MR. ISMAIL: Let me re-ask a prior question.  BY MR. ISMAIL:  Q. Dr. Lowman, I guess the judge will decide whether the first answer is acceptable or not. But let me re-ask it and ask that you not make reference to Dr. Jolet, okay?  A. Okay.  Q. If Mrs. Hammons is sexually active since her treatment with Dr. Heit and is reporting pain, what do you

		Page 166		Page 168
1	A. The potential conditions		1	A. No.
2	that she currently has, or at least did		2	Q. Does that include Dr.
3	have at that time, that may lead to her		3	Zipper?
4	having dyspareunia are vaginal atrophy, a		4	A. Yes.
5	foreshortened vagina, and Dr. Zipper		5	Q. Since January of 2013, has
6	testified that she had pain with		6	any doctor ever noted that mesh was
7	palpation of the anterior vaginal wall on		7	visible in Mrs. Hammons' case?
8	his exam.		8	A. No.
9	That, coupled with urgency		9	Q. Does that include Dr.
10	and frequency, is also consistent with		10	Zipper?
11	interstitial cystitis, which is a		11	A. Yes.
12			12	Q. Are those findings
13	condition that can cause painful intercourse.		13	
				significant to you in answering the
14	Q. Now, does		14	question of whether mesh is playing any
15	MR. SLATER: Move to strike		15	role in any symptoms that Mrs. Hammons is
16	that answer also. The		16	reporting currently?
17	interstitial cystitis opinion,		17	A. Yes.
18	which has absolutely no basis		18	Q. Tell us why.
19	whatsoever. That's never been		19	A. Because if the presence of
20	found by any doctor.		20	mesh is causing dyspareunia, removing the
21	BY MR. ISMAIL:		21	mesh usually resolves the dyspareunia.
22	Q. Doctor, do you believe that		22	Q. And the fact that there's no
23	since Mrs. Hammons' treatment with Dr.		23	mesh palpable or visible in Mrs. Hammons
24	Heit, has there been documentation of her		24	since 2013, is that a significant
1	having vaginal atrophy?	Page 167	1	Page 169
1	having vaginal atrophy?	Page 167	1	finding?
2	A. Since the treatment of Dr.	Page 167	2	finding? A. It is.
2	A. Since the treatment of Dr. Heit? Yes.	Page 167	2 3	finding? A. It is. Q. Does that help answer this
2 3 4	A. Since the treatment of Dr. Heit? Yes. Q. Does do you believe that	Page 167	2 3 4	finding? A. It is. Q. Does that help answer this question of whether or not the mesh is
2 3 4 5	A. Since the treatment of Dr. Heit? Yes. Q. Does do you believe that Mrs. Hammons' vaginal atrophy to be	Page 167	2 3 4 5	finding? A. It is. Q. Does that help answer this question of whether or not the mesh is causing Mrs. Hammons any symptoms since
2 3 4 5 6	A. Since the treatment of Dr. Heit? Yes. Q. Does do you believe that Mrs. Hammons' vaginal atrophy to be contributing to her reports of pain with	Page 167	2 3 4 5 6	finding? A. It is. Q. Does that help answer this question of whether or not the mesh is causing Mrs. Hammons any symptoms since early 2013?
2 3 4 5 6 7	A. Since the treatment of Dr. Heit? Yes. Q. Does do you believe that Mrs. Hammons' vaginal atrophy to be contributing to her reports of pain with any sexual activity that she's engaged in	Page 167	2 3 4 5 6 7	finding?  A. It is. Q. Does that help answer this question of whether or not the mesh is causing Mrs. Hammons any symptoms since early 2013?  A. It does.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Since the treatment of Dr.  Heit? Yes.  Q. Does do you believe that  Mrs. Hammons' vaginal atrophy to be contributing to her reports of pain with any sexual activity that she's engaged in since Dr. Heit's treatment?  A. Yes.  Q. Do you believe that the procedures, the surgical procedures he's undertaken, specifically the vaginal hysterectomy and the native tissue surgery of Dr. Lackey, to be contributing to any pain that Mrs. Hammons may be experiencing since her treatment with Dr.  Heit?  A. Could you ask that question again?  Q. Yes.	Page 167	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	finding?  A. It is.  Q. Does that help answer this question of whether or not the mesh is causing Mrs. Hammons any symptoms since early 2013?  A. It does.  Q. Now, the jury has seen reference to these straps or arms of an anterior PROLIFT®.  You're obviously familiar with what the PROLIFT® looks like, correct?  A. Yes.  MR. SLATER: Objection.  There's no discussion of any issues with the arms in the report.  BY MR. ISMAIL:  Q. The jury has seen a surgical video, at least a portion of it, of
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Q. Now, the straps that are part of the PROLIFT® as it comes out of the box, is that entire strap still in Mrs. Hammons?  A. No. Q. Why is do you say that? A. Because a significant portion of the strap is cut at the time of surgery.  Q. So if the jury saw a video in which the arms are pulled through these plastic tubes called a cannula A. Right. Q what happens next in the surgery? A. Once the mesh is appropriately positioned, the cannulas appropriately positioned, the cannulas pare removed and the mesh is cut at the level of the patient's skin. Q. So if, during Dr. Zipper's examination, the PROLIFT® out of the box was held up to the jury and it was suggested that the strap, or the entire  2 it is documented that the majority of the pain that is caused in that situation is from tension across the mesh body fro the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh hody fro the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh body fro the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or relieve the 7 connection or relieve that tension across the mesh arms.  6 So if you relieve the 7 connection or reliev						
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TZU SUAD WOULD CAUSE MES. HAMMOUS ANY TZU U. WHAT TYPES OF FREATMENTS ARE						
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					available for women who have reports of	
22 A. No. 22 dyspareunia?					<i>,</i> .	
Q. Why do you say that? 23 A. There are several		- , , ,				
24 A. In the studies that evaluate 24 treatments. It depends on the diagnos	24	A. In the studies that evaluate		24	treatments. It depends on the diagnosis	

		Page 174		Page 176
1	causing the dyspareunia. In the case of	_	1	Q. The you mentioned that
2	interstitial cystitis, we use several		2	there was no measure of total vaginal
3	different medications.		3	length before Dr. Baker's surgeries,
4	You can perform cystoscopy		4	correct?
5	with hydrodistention. I mean, there are		5	A. That's correct.
6	a number of different treatment options.		6	Q. If we were to assume that
7	In the case of levator		7	Mrs. Hammons had a 10 centimeter vaginal
8	myalgia, the usual therapies include		8	length, would the vaginal hysterectomy
9	physical therapy. We can inject sort of		9	and the native tissue surgery alone be
10			10	<del>-</del> '
	numbing medication, what we call trigger			sufficient to explain her current vaginal
11	point injections, to help relieve pain in		11	length?
12	that situation. We can actually inject		12	MR. SLATER: Objection.
13	Botox into the muscles themselves to		13	THE WITNESS: They would.
14	relieve the spasm that's causing the		14	BY MR. ISMAIL:
15	pain.		15	Q. And what do you base that
16	So it just depends on what		16	upon?
17	the cause is.		17	A. Upon the literature and my
18	Q. Have you had success in		18	clinical experience.
19	treating women who have reports of		19	Q. Now, just a few more
20	dyspareunia?		20	questions, Dr. Lowman.
21	A. Yes.		21	You've discussed with the
22	Q. I want to turn now to this		22	jury several opinions that you've offered
23	discussion of vaginal length. You		23	today, both about the PROLIFT® device and
24	mentioned that in one of your answers a		24	procedure and Mrs. Hammons in particular.
		Page 175		Page 177
1	moment ago, okay?	Page 175	1	Page 177 And I'd like to review those now, if we
1 2	moment ago, okay? A. Okay.	Page 175	1 2	Page 177 And I'd like to review those now, if we could.
2	A. Okay.	Page 175	2	And I'd like to review those now, if we could.
2	<ul><li>A. Okay.</li><li>Q. Was there a measure of total</li></ul>	Page 175	2	And I'd like to review those now, if we could.  A. Okay.
2 3 4	A. Okay. Q. Was there a measure of total vaginal length in Mrs. Hammons before Dr.	Page 175	2 3 4	And I'd like to review those now, if we could.  A. Okay. Q. Dr. Lowman, based on all the
2 3 4 5	A. Okay. Q. Was there a measure of total vaginal length in Mrs. Hammons before Dr. Baker's surgery in May of 2009?	Page 175	2 3 4 5	And I'd like to review those now, if we could.  A. Okay. Q. Dr. Lowman, based on all the work that you have done, your clinical
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Okay. Q. Was there a measure of total vaginal length in Mrs. Hammons before Dr. Baker's surgery in May of 2009? A. Not that I'm aware of, no. Q. When was the first time any physician recorded a measure of total vaginal length for Mrs. Hammons? A. Dr. Heit's evaluation. Q. And do you recall what Dr. Heit measured? A. He said it was 7 centimeters. Q. Now, did Mrs. Hammons, prior to seeing Dr. Heit, undergo certain surgeries that would be expected to reduce her total vaginal length? A. She did. Q. What were those surgeries? A. Namely, the vaginal	Page 175	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	And I'd like to review those now, if we could.  A. Okay. Q. Dr. Lowman, based on all the work that you have done, your clinical experience, the literature, your work as a researcher, was the PROLIFT® a safe and effective option to treat Mrs. Hammons' pelvic organ prolapse in May of 2009?  A. Yes. Q. Based on all the work you've done, your clinical experience and the medical literature, did the PROLIFT® cause Mrs. Hammons to develop a prolapse in other organs?  A. No. Q. Did Mrs. Hammons' initial reports of painful sexual intercourse in 2009 have anything to do with the PROLIFT®?  A. No. Q. Is that for the reasons you've described for the jury so far
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Okay. Q. Was there a measure of total vaginal length in Mrs. Hammons before Dr. Baker's surgery in May of 2009? A. Not that I'm aware of, no. Q. When was the first time any physician recorded a measure of total vaginal length for Mrs. Hammons? A. Dr. Heit's evaluation. Q. And do you recall what Dr. Heit measured? A. He said it was 7 centimeters. Q. Now, did Mrs. Hammons, prior to seeing Dr. Heit, undergo certain surgeries that would be expected to reduce her total vaginal length? A. She did. Q. What were those surgeries? A. Namely, the vaginal hysterectomy that she had, as well as the	Page 175	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	And I'd like to review those now, if we could.  A. Okay. Q. Dr. Lowman, based on all the work that you have done, your clinical experience, the literature, your work as a researcher, was the PROLIFT® a safe and effective option to treat Mrs. Hammons' pelvic organ prolapse in May of 2009?  A. Yes. Q. Based on all the work you've done, your clinical experience and the medical literature, did the PROLIFT® cause Mrs. Hammons to develop a prolapse in other organs?  A. No. Q. Did Mrs. Hammons' initial reports of painful sexual intercourse in 2009 have anything to do with the PROLIFT®?  A. No. Q. Is that for the reasons

				1
	Page 178			Page 180
1	A. Yes.	1	A. He did.	
2	Q. Did mesh contraction cause	2	Q. Do you agree with Dr.	
3	Mrs. Hammons' mesh to roll and bunch	3	Baker's diagnosis?	
4	under the bladder neck, as found by Dr.	4	A. I do.	
5	Heit?	5	Q. As to this question of	
6	A. No.	6	whether the rectocele and atrophy caused	
7	Q. What did?	7	the dyspareunia in 2009, did Dr. Lackey,	
8	A. Not supporting the vaginal	8	in his sworn testimony, answer that	
9	apex at the time that the mesh was	9	question?	
10	secured to the vaginal apex.	10	A. He did.	
11	Q. Since the removal of mesh	11		
	<b>G</b>		Q. And what was Dr. Lackey's	
12	has, the PROLIFT® caused Mrs. Hammons any	12	assessment?	
13	complications, in your view?	13	A. Yes.	
14	A. Not that the medical records	14	Q. Do you agree with Dr.	
15	demonstrate, no.	15	Lackey?	
16	Q. Does Mrs. Hammons have any	16	A. I do.	
17	ongoing complications that you believe is	17	Q. As to whether surgical	
18	due to her PROLIFT®?	18	implant technique, as you've more fully	
19	A. No.	19	described for the jury today, led to the	
20	Q. Have any of Mrs. Hammons'	20	rolling and bunching of the mesh in 2012,	
21	doctors diagnosed any complications from	21	did Dr. Heit answer that question?	
22	Mrs. Hammons' PROLIFT® since January of	22	A. He did.	
23	2013?	23	Q. And what was his assessment,	
24	A. Not that I'm aware of.	24	as you understand the record?	
			<u> </u>	
	Page 179			Page 181
1	Q. Have any of Mrs. Hammons'	1	A. That was his opinion.	
2	doctors diagnosed withdrawn.	2	Q. Do you agree with Dr. Heit?	
3	Have any of Mrs. Hammons'	3	A. I do.	
4	doctors assessed her to be at risk for	4	Q. As to this question of	
5	future complications because of her	5	whether the PROLIFT® was adequately	
6	PROLIFT® procedure?	6	supporting Mrs. Hammons' bladder in	
7	A. No.	7	August of 2012, did Mrs. Hammons' own	- 1
8		/	August of 2012, did Mrs. Hammons Own	
	() Do you bolioyo that Mrc	0	physician Dr. Hoit answer that	
	Q. Do you believe that Mrs.	8	physician, Dr. Heit, answer that	
9	Hammons is at risk for any future	9	question?	
9 10	Hammons is at risk for any future complications from her PROLIFT®	9 10	question? A. He did.	
9 10 11	Hammons is at risk for any future complications from her PROLIFT® procedure?	9 10 11	question? A. He did. Q. What is your understanding	
9 10 11 12	Hammons is at risk for any future complications from her PROLIFT® procedure?  A. No.	9 10 11 12	question? A. He did. Q. What is your understanding of the record as to what Dr. Heit, Mrs.	
9 10 11 12 13	Hammons is at risk for any future complications from her PROLIFT® procedure?  A. No. Q. Dr. Lowman, I have up on the	9 10 11 12 13	question? A. He did. Q. What is your understanding of the record as to what Dr. Heit, Mrs. Hammons' own doctor, said about that	
9 10 11 12 13 14	Hammons is at risk for any future complications from her PROLIFT® procedure?  A. No. Q. Dr. Lowman, I have up on the chart up on the screen a chart that we	9 10 11 12 13 14	question? A. He did. Q. What is your understanding of the record as to what Dr. Heit, Mrs. Hammons' own doctor, said about that issue?	
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9 10 11 12 13 14 15 16 17 18 19 20 21	Hammons is at risk for any future complications from her PROLIFT® procedure?  A. No. Q. Dr. Lowman, I have up on the chart up on the screen a chart that we started with Dr. Zipper, and I'd like to go through it with you now, if I could.  A. Okay. Q. As to the first question, did Mrs. Hammons have a grade 4 bladder prolapse, did you review for the jury today how Mrs. Hammons' physician, Dr.	9 10 11 12 13 14 15 16 17 18 19 20 21	question?  A. He did. Q. What is your understanding of the record as to what Dr. Heit, Mrs. Hammons' own doctor, said about that issue?  A. He doesn't indicate any concern for that. Q. Do you agree with Dr. Heit? A. I do. Q. As to the question of whether there are any future complications due to the PROLIFT®, have	

	,			
		Page 182		Page 184
1	future complications from her PROLIFT®?		1	you've spent in the past several weeks
2	A. No.		2	preparing for this?
3	Q. Do you agree with Mrs.		3	<ul> <li>A. A significant amount of</li> </ul>
4	Hammons' doctors on that issue?		4	time. If I had to guess, maybe 40 hours.
5	A. I do.		5	Q. Okay. Counsel asked you
6	MR. ISMAIL: Dr. Lowman, I		6	some questions about your billing rate
7	want to thank you for your time,		7	and the time you've spent. I'd just like
8	and I appreciate you providing		8	to go over that a little bit with you.
9	your opinions to the jury.		9	A. Okay.
10	THE WITNESS: Thank you.		10	Q. You said that your rate is
11	•		11	\$400 per hour?
	MR. SLATER: Let's go off			·
12	the record.		12	A. Yes.
13	VIDEO TECHNICIAN: Off		13	Q. Actually, your rate is \$400
14	record at 4:46 p.m.		14	per hour for preparation of your report
15	<del></del>		15	and review of materials.
16	(Whereupon, a brief recess		16	But for when you testify, as
17	was taken.)		17	you're testifying now, we're in a
18			18	deposition, it's \$600 an hour; isn't that
19	VIDEO TECHNICIAN: We're		19	true?
20	back on the record at 5:02 p.m.		20	A. That's correct.
21			21	Q. And you told counsel that
22	EXAMINATION		22	you thought you had spent about 100 hours
23			23	in this case?
24	BY MR. SLATER:		24	A. Yes.
	-			
		Page 183		Page 185
1	O Good afternoon Dr Lowman	Page 183	1	Page 185 O When we met remember we met
1 2	Q. Good afternoon, Dr. Lowman.	Page 183	1	Q. When we met, remember we met
2	A. Good evening.	Page 183	2	Q. When we met, remember we met about a month ago, November 13th, and I
2	<ul><li>A. Good evening.</li><li>Q. Good evening, you're right.</li></ul>	Page 183	2	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?
2 3 4	<ul><li>A. Good evening.</li><li>Q. Good evening, you're right.</li><li>It's the evening now.</li></ul>	Page 183	2 3 4	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?  A. Yes.
2 3 4 5	A. Good evening. Q. Good evening, you're right. It's the evening now. Doctor, I want to go over a	Page 183	2 3 4 5	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?  A. Yes.  Q. At that time, you told us
2 3 4 5 6	A. Good evening. Q. Good evening, you're right. It's the evening now. Doctor, I want to go over a little bit about your preparation for	Page 183	2 3 4 5 6	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?  A. Yes.  Q. At that time, you told us that you had actually had two prior
2 3 4 5 6 7	A. Good evening. Q. Good evening, you're right. It's the evening now. Doctor, I want to go over a little bit about your preparation for this deposition, this trial testimony.	Page 183	2 3 4 5	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?  A. Yes.  Q. At that time, you told us that you had actually had two prior invoices before that time, one for
2 3 4 5 6 7 8	A. Good evening. Q. Good evening, you're right. It's the evening now. Doctor, I want to go over a little bit about your preparation for this deposition, this trial testimony. Did you have time to prepare	Page 183	2 3 4 5 6 7 8	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?  A. Yes. Q. At that time, you told us that you had actually had two prior invoices before that time, one for \$32,400 and one for \$19,600, which was
2 3 4 5 6 7 8	A. Good evening. Q. Good evening, you're right.  It's the evening now.  Doctor, I want to go over a little bit about your preparation for this deposition, this trial testimony.  Did you have time to prepare for this?	Page 183	2 3 4 5 6 7 8 9	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?  A. Yes.  Q. At that time, you told us that you had actually had two prior invoices before that time, one for \$32,400 and one for \$19,600, which was your billing up through October 15th in
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2 3 4 5 6 7 8	A. Good evening. Q. Good evening, you're right.  It's the evening now.  Doctor, I want to go over a little bit about your preparation for this deposition, this trial testimony.  Did you have time to prepare for this?	Page 183	2 3 4 5 6 7 8 9	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?  A. Yes.  Q. At that time, you told us that you had actually had two prior invoices before that time, one for \$32,400 and one for \$19,600, which was your billing up through October 15th in
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Good evening. Q. Good evening, you're right.  It's the evening now. Doctor, I want to go over a little bit about your preparation for this deposition, this trial testimony. Did you have time to prepare for this?  A. I did have time to prepare for this. Q. How much time did you spend preparing for this testimony? A. I've been spending the past several weeks preparing to testify. I was made aware, maybe I have to I'm guessing, but I think it was about two weeks ago of the likely date of the testimony.  It was a last-minute decision to not to do that on Friday and to do that today. But I have been		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?  A. Yes. Q. At that time, you told us that you had actually had two prior invoices before that time, one for \$32,400 and one for \$19,600, which was your billing up through October 15th in this matter and maybe one other matter.  A. Yes, that's correct. Q. And then you told us that so let me ask you this: So some portion of that \$50,000 was for this case, right?  A. Yes. Q. What portion? A. I don't remember. I started evaluating this case first, and then I was asked to evaluate a different case, and then I came back to then was asked again to go back to this case. So it's hard for me to say that.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Good evening. Q. Good evening, you're right.  It's the evening now. Doctor, I want to go over a little bit about your preparation for this deposition, this trial testimony. Did you have time to prepare for this?  A. I did have time to prepare for this. Q. How much time did you spend preparing for this testimony? A. I've been spending the past several weeks preparing to testify. I was made aware, maybe I have to I'm guessing, but I think it was about two weeks ago of the likely date of the testimony.  It was a last-minute decision to not to do that on Friday and to do that today. But I have been preparing over the last several weeks.		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?  A. Yes. Q. At that time, you told us that you had actually had two prior invoices before that time, one for \$32,400 and one for \$19,600, which was your billing up through October 15th in this matter and maybe one other matter.  A. Yes, that's correct. Q. And then you told us that so let me ask you this: So some portion of that \$50,000 was for this case, right?  A. Yes. Q. What portion? A. I don't remember. I started evaluating this case first, and then I was asked to evaluate a different case, and then I came back to then was asked again to go back to this case. So it's hard for me to say that.  But my best guesstimate of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Good evening. Q. Good evening, you're right.  It's the evening now. Doctor, I want to go over a little bit about your preparation for this deposition, this trial testimony. Did you have time to prepare for this?  A. I did have time to prepare for this. Q. How much time did you spend preparing for this testimony? A. I've been spending the past several weeks preparing to testify. I was made aware, maybe I have to I'm guessing, but I think it was about two weeks ago of the likely date of the testimony.  It was a last-minute decision to not to do that on Friday and to do that today. But I have been		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. When we met, remember we met about a month ago, November 13th, and I was able to ask you some questions?  A. Yes. Q. At that time, you told us that you had actually had two prior invoices before that time, one for \$32,400 and one for \$19,600, which was your billing up through October 15th in this matter and maybe one other matter.  A. Yes, that's correct. Q. And then you told us that so let me ask you this: So some portion of that \$50,000 was for this case, right?  A. Yes. Q. What portion? A. I don't remember. I started evaluating this case first, and then I was asked to evaluate a different case, and then I came back to then was asked again to go back to this case. So it's hard for me to say that.

1 overall is about 100 hours. 2 Q. Okay. What I'm asking is 3 this: The \$50,000 you had billed for 4 time up through October 15th, you can't 5 give us any idea of how much of that  Page 186  1 A. Okay. 2 Q. Here you go. 3 If you go to Page 235 of 4 your deposition. 5 And on Page 235, Line 19, I	Page 188
1 overall is about 100 hours. 2 Q. Okay. What I'm asking is 3 this: The \$50,000 you had billed for 4 time up through October 15th, you can't  1 A. Okay. 2 Q. Here you go. 3 If you go to Page 235 of 4 your deposition.	-
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4 time up through October 15th, you can't 4 your deposition.	
, , , , , , , , , , , , , , , , , , , ,	
5 give us any idea of now much of that   5 And on Page 235, Line 19. 1	
6 \$50,000 was for this case? 6 asked you: Since October 15, do you know	<b>/</b>
7 A. Not any more than what I 7 how many hours you've spent up through	
8 just said, no. 8 today or, can you estimate, on this case,	
9 Q. Certainly, it would have 9 on Hammons?	
10 been at least half or more than half of 10 And you said: It's been	
11 that, right? 11 over 100. I don't know exactly.	
12 A. No, not necessarily. A 12 And the question: Over 100	
13 great proportion of what I have been 13 hours reviewing materials, preparing for	
14 reviewing has been the literature. So 14 the deposition, that sort of thing?	
, ·	
17 I review. 17 that wouldn't include today?	
18 Q. So a significant part of the 18 And you said: That would	
19 \$50,000 was for reviewing literature? 19 not include today.	
20 A. Yes. 20 That was the deposition.	
21 Q. Which you've testified about 21 And then you were asked, on	
22 today? 22 236, Line 5: So over 100 hours at \$400	
23 A. Yes. 23 an hour on Hammons that you haven't	
24 Q. You told me, when I took 24 billed for yet?	
Page 187	Page 189
1 your deposition in November, that since 1 And you said: That's	
2 October 15th, you had spent over 100 2 correct.	
3 hours in this case at \$400 per hour up 3 Right?	
4 till the day of the deposition. 4 A. That's correct.	
5 Do you remember telling me 5 Q. So as of November 13th,	
6 that? 6 there was over 100 hours at \$400 an hour	
7 A. I don't remember that 7 you had not billed for yet through the	
8 specifically. But that sounds about 8 day before that deposition, right?	
· · · · · · · · · · · · · · · · · · ·	
10 Q. So as of November 13th, you 10 Q. And then you did the	
11 had spent over well, let me take it 11 deposition in November 13th, which was	
12 \$600 an hour, right?	
13 You had spent some portion 13 A. Right.	
14 of that \$50,000 on this case before 14 Q. And then since November 13th	
15 October 15, right? 15 and up until today, you've spent at least	
16 A. Yes. 16 40 or more hours? You just told us you	
17 Q. And then after October 15 17 prepared for 40 or more hours for this	
18 and up to the day of the deposition, 18 deposition, right?	
19 November 13, you had spent over 100 hours 19 A. Right.	
20 more, right? 20 Q. So that gets us to 100 or	
TZT A. OF THE COLOR UNITE. TZT SO, 140 DIUS CODAV AND THE OTHER NAV OF	
	l l
22 Q. Well, you told me in the 22 the deposition at \$600 an hour, that's	
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	

		Page 190			Page 192
1	Q. Plus whatever was the		1	A. That was my idea.	
2	portion of the first \$50,000, right?		2	Q. Okay. And the article that	
3			3	- ·	
	A. Right.			we'll talk about, maybe in a few minutes,	
4	Again, in the beginning of		4	on the MRI, that was your idea?	
5	this, I talk about the fact that much of		5	A. That was Dr. Hale's idea.	
6	that, before this, was spent on two cases		6	It was our idea together, we kind of	
7	so it was hard for me to be specific.		7	talked about it together. But the way	
8	But in an effort to try to		8	that the the way that study developed	
9	give you a number, that's what I did.		9	over time was more his idea.	
	<del>-</del> .		_		
10	And I think that that's fairly accurate.		10	Q. And Dr. Hale was an Ethicon	
11	Q. That was for before October		11	consultant for many years and was an	
12	15th		12	Ethicon consultant when you were training	
13	A. Yes.		13	with him, correct?	
14	Q when you said you could		14	MR. ISMAIL: Objection to	
15	not tell?		15	foundation.	
16	A. Yes.		16	THE WITNESS: I don't know.	
17	Q. Right. So you haven't just		17	BY MR. SLATER:	
18	spent about 100 hours on this case,		18	Q. You don't know whether he	
19	you've actually spent at least 140 hours,		19	was an Ethicon consultant or was being	
20	plus the time today and the time in the		20	paid for work?	
21	deposition in November, plus whatever		21	A. No.	
	·				
22	portion of the first \$50,000 is for this		22	Q. He never told you that?	
23	case, right?		23	A. No. Most program directors	
24	A. That's correct.		24	don't discuss that with their fellows.	
		Page 191			Dago 102
	O N L I I I I I I I I I I I I I I I I I I	ruge 151	_		Page 193
1	Q. Now, let's talk a little	ruge 191	1	Q. Now, Dr. Hale, and I'll just	Page 193
2	Q. Now, let's talk a little about your background.	ruge 131	1 2	Q. Now, Dr. Hale, and I'll just show you something we marked as an	Page 193
		1 age 131		Q. Now, Dr. Hale, and I'll just show you something we marked as an	Page 193
2	about your background. You have no current teaching	ruge 131	2	Q. Now, Dr. Hale, and I'll just show you something we marked as an exhibit, P-1666, that's an abstract	
2 3 4	about your background. You have no current teaching appointments, right?	ruge 131	2 3 4	Q. Now, Dr. Hale, and I'll just show you something we marked as an exhibit, P-1666, that's an abstract presentation of the GYNEMESH®® PS study	
2 3 4 5	about your background. You have no current teaching appointments, right? A. Right.	ruge 131	2 3 4 5	Q. Now, Dr. Hale, and I'll just show you something we marked as an exhibit, P-1666, that's an abstract presentation of the GYNEMESH®® PS study Do you see that?	
2 3 4 5 6	about your background. You have no current teaching appointments, right? A. Right. Q. You're not a peer reviewer	ruge 191	2 3 4 5 6	Q. Now, Dr. Hale, and I'll just show you something we marked as an exhibit, P-1666, that's an abstract presentation of the GYNEMESH®® PS study Do you see that?  A. I do.	
2 3 4 5 6 7	about your background. You have no current teaching appointments, right? A. Right. Q. You're not a peer reviewer for any medical journal, correct?	ruge 171	2 3 4 5 6 7	Q. Now, Dr. Hale, and I'll just show you something we marked as an exhibit, P-1666, that's an abstract presentation of the GYNEMESH®® PS study Do you see that?  A. I do. Q. And do you see who the	
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		Page 194			Page 196
1	the hospital where you were doing your		1	Is that okay?	
2	residency?		2	MR. ISMAIL: That's fine.	
3	<ul><li>A. Yes, that's correct.</li></ul>		3		
4	Q. And he was one of the people		4	(Whereupon, Exhibit	
5	that trained you?		5	Lowman-1, September 2007 E-mail,	
6	A. Yes.		6	was marked for identification.)	
7	Q. Dr. Lucente, you considered		7		
8	· •		8	BY MR. SLATER:	
	to be a friend, right?				
9	A. I do.		9	Q. Doctor, I'm going to hand	
10	Q. And a colleague, right?		10	you what we marked as Exhibit Lowman-1.	
11	A. Yes.		11	And that's an e-mail from September of	
12	Q. In fact, you actually called		12	2007.	
13	and spoke with Dr. Lucente about this		13	Do you see that?	
14	case, didn't you?		14	A. I do.	
15	A. I did.		15	Q. And, in fact, you can see	
16	Q. And I think what you told us		16	that Vince Lucente, on September 11,	
17	is that when you called Dr. Lucente, you		17	2007, is writing to somebody, and he's	
18	wanted to know, why is it that Dr.		18	talking about you.	
				•	
19	Zipper, who had used mesh in the past, is		19	Do you see that?	
20	now so against its use; that's what you		20	A. I do.	
21	wanted to talk to Dr. Lucente about,		21	Q. And he's telling Bart	
22	right?		22	Pattyson, who was a professional	
23	A. Right.		23	education manager at Ethicon, that Dr.	
24	Q. Now, have you seen Dr.		24	Hale's senior fellow, you, was a resident	
		Page 195			Page 197
1	Zipper's testimony from the trial?	J	1	of his and that your loyalty to him was a	, I
2	• • •				
_	A I VE SEED DOLLOUS OF II		2		
	A. I've seen portions of it.		2	friction point with Dr. Hale.	
3	Q. Portions?		3	friction point with Dr. Hale.  Do you see him talking about	
3 4	Q. Portions? A. Uh-huh.		3 4	friction point with Dr. Hale.  Do you see him talking about that?	
3 4 5	<ul><li>Q. Portions?</li><li>A. Uh-huh.</li><li>Q. Do you know that Dr. Zipper</li></ul>		3 4 5	friction point with Dr. Hale.  Do you see him talking about that?  A. I do.	
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	Page 198			Page 200
1	Q. And it's written by somebody	1	talking about, about this proposed	
2	at Ethicon named Scott Finley, who is a	2	proctorship with you and Dr. Lucente?	
3	division manager, a sales division	3	MR. ISMAIL: Objection.	
4	manager.	4	Lack of foundation.	
5	Do you see that?	5	THE WITNESS: I see that.	
6	A. I do.	6	BY MR. SLATER:	
7	Q. And he's writing to some	7	Q. Now, let's talk about your	
8	people about a program to give	8	own background with surgery, okay?	
9	professional education to other doctors,	9	A. Okay.	
10	and he talks, in the middle, about a	10	•	
11	· · · · · · · · · · · · · · · · · · ·	11	•	
	proctorship where you and Dr. Lucente		correct.	
12	would perform a procedure on the	12	A. Okay.	
13	PROLIFT®, and other doctors would watch	13	Q. You've done about 2,700	
14	and learn about it.	14	total operative procedures for the pelvic	
15	Do you see that?	15	floor.	
16	A. Yes.	16	Do I have that right?	
17	MR. ISMAIL: Objection.	17	A. That's right.	
18	Lack of foundation. Give me a	18	Q. And in those 2,700, you have	
19	minute, Dr. Lowman, to get the	19	used mesh in about 1,200 of them?	
20	objection in.	20	A. That's correct.	
21	THE WITNESS: Sorry.	21	Q. And that includes your	
22	BY MR. SLATER:	22	fellowship, when you were training in	
23	Q. You see that that's what's	23	Indiana, and your private practice since	
24	being discussed in the document, correct?	24	then when you finished that in 2008?	
27	being discussed in the document, correct:	27	then when you mished that in 2000:	
	Page 199			Page 201
1				
	MR. ISMAIL: Objection.	1	A. That's correct.	-
	MR. ISMAIL: Objection.  Lack of foundation	1 2	A. That's correct. O. So 1 500 of your operations	-
2	Lack of foundation.	2	Q. So 1,500 of your operations,	
2 3	Lack of foundation. THE WITNESS: Yes.	2	Q. So 1,500 of your operations, more than half, no mesh, correct?	·
2 3 4	Lack of foundation.  THE WITNESS: Yes. BY MR. SLATER:	2 3 4	Q. So 1,500 of your operations, more than half, no mesh, correct? A. That's correct.	·
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D 202	
Page 202	Page 204
1 Q. And, again, 80 of those were 1 MR. SLATER: They	go
2 in your fellowship, right? 2 together.	
3 A. Yes. 3 BY MR. SLATER:	
4 Q. So since 2008, after 2008, 4 Q. And if you look at the	•
5 you only did about 70 PROLIFTs®, right? 5 you'll see that in the middle o	
6 A. That's right. 6 page well, actually, on the	
7 Q. You were using other 7 page of this e-mail chain, in F	ebruary of
8 procedures and other methods to treat 8 2010, someone named Scott	Jones, who the
9 prolapse in the other procedures, right? 9 jury has met, who is a market	ting
10 A. Right. 10 executive, writes this e-mail.	And he's
11 Q. And for every patient that 11 talking about apical support.	
12 you treated 12 Do you see that?	
13 A. Well, all of those 13 MR. ISMAIL: Object	tion.
14 procedures weren't prolapse. But for 14 Lack of foundation.	
15 prolapse, I was using other procedures, 15 THE WITNESS: Yes	, I do.
16 yes. 16 BY MR. SLATER:	,
17 Q. When you were doing a 17 Q. Okay. And apical s	upport.
18 prolapse surgery, most of the time you 18 that's where there was a recu	• • •
19 weren't doing a PROLIFT®, you were doing 19 prolapse with Ms. Hammons,	
20 something else, right? 20 apex?	
21 A. Right. 21 A. Yes.	
22 Q. And when you treated a 22 Q. And here, Scott Jon	nes is
23 patient and you make recommendations, you 23 writing to several people with	
24 try to do a risk/benefit and try to make 24 and says to these people, We	·
	7.1.000.700.
Page 203	Page 205
1 the best recommendation for the safest, 1 help to quantify the number of	
2 most effective surgery for that patient, 2 that we have lost to a competent	
3 right? 3 procedure focused on apical s	
4 A. That's correct. 4 customers continue to tell us	• •
5 5 to see PROLIFT®+M introduc	
6 (Whereupon, Exhibit 6 anterior apical product code.	Sea With an
7 Lowman-3, 2010 E-mail, was marked 7 And he talks about v	vanting
8 for identification.) 8 to present the business case.	_
9 9 says, a little further down, In	
10 BY MR. SLATER: 10 year we have lost blank numb	
11 Q. Doctor, I've handed you what 11 doctors, which accounted for	
12 we've marked as Exhibit-3. This is an 12 procedures. And he wants to	
13 e-mail that goes back to 2010. 13 talk about the business lost to	
1	
, , , , , , , , , , , , , , , , , , , ,	_
, , , , , , , , , , , , , , , , , , , ,	s because of
16 Q. And I'm actually going to 16 lack of apical support.	
17 also hand you now Exhibit-4, which is the 17 Do you see that?	
18 chart that was accompanying that e-mail 18 A. Right.	ion
19 when it was sent around within Ethicon. 19 MR. ISMAIL: Object	IUI1.
20 Lack of foundation.	
21 (Whereupon, Exhibit 21 BY MR. SLATER:	- 6t
22 Lowman-4, Chart, was marked for 22 Q. And if you go to the	
23 identification.) 23 page of this e-mail, right in the	
24 24 of the page, a guy named Ro	Deit Zipiei at

		Page 206			Page 208
1	Ethicon says that, This is a worthwhile		1	MR. ISMAIL: Objection to	
2	effort. Last week at the summit it was		2	that question. Violates motion	
3	clear that our physicians want anterior		3	limine and agreement of the	
4	apical support modification to the		4	parties.	
5	PROLIFT®.		5	THE WITNESS: I disagree	
6	Do you see that?		6	with that assessment.	
7	MR. ISMAIL: Objection.		7	BY MR. SLATER:	
8	Lack of foundation.		8	Q. So the document is incorrect	
9	THE WITNESS: I do.		9	from	
10	BY MR. SLATER:		10	A. The document is incorrect.	
11	Q. The attachment to the		11	Sacrocolpopexy is Dr. Hale's bread and	
12	document, they list doctors and they talk		12	butter. That's what we were trained to	
13	about what product they've converted to.		13	do more than anything else. So	ı
14	Do you see that?		14	sacrocolpopexy has always been my go-to.	
15	A. Uh-huh.		15	Q. Sacrocolpopexy was has	
16	Q. And in the context of		16	always been your go-to in your private	
17	doctors stopping using the PROLIFT®		17	practice, right?	
18	because they want to do something else		18	A. It has.	ı
19	that gives better apical support. They		19	Q. The PROLIFT® was never your	
20	actually list you on that list.		20	go-to, right?	ı
21	Do you see that?		21	A. When you say "go-to," the	
22	MR. ISMAIL: Objection.		22	most commonly performed procedure, if	
23	Lack of foundation.		23	that's what you mean, yes, that's	
24	THE WITNESS: I see my name		24	correct.	ı
		Page 207			Page 209
1	on that list, yes.	Page 207	1	Q. Let's just talk about when	Page 209
1 2	on that list, yes. BY MR. SLATER:	Page 207	1 2	Q. Let's just talk about when you stopped using the PROLIFT® so we're	Page 209
		Page 207			Page 209
2	BY MR. SLATER:	Page 207	2	you stopped using the PROLIFT® so we're	Page 209
2 3	BY MR. SLATER: Q. And they say the product	Page 207	2	you stopped using the PROLIFT® so we're oriented.	Page 209
2 3 4	BY MR. SLATER: Q. And they say the product here in 2010 is sacrocolpopexy.	Page 207	2 3 4	you stopped using the PROLIFT® so we're oriented.  You told me in the	Page 209
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2 3 4 5 6	BY MR. SLATER: Q. And they say the product here in 2010 is sacrocolpopexy. Do you see that? A. I do.	Page 207	2 3 4 5 6	you stopped using the PROLIFT® so we're oriented.  You told me in the deposition you weren't sure about when, but it would be at least three years,	Page 209
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2 3 4 5 6 7 8 9	BY MR. SLATER: Q. And they say the product here in 2010 is sacrocolpopexy. Do you see that? A. I do. Q. Sacrocolpopexy is a procedure to treat the apex of the	Page 207	2 3 4 5 6 7 8	you stopped using the PROLIFT® so we're oriented. You told me in the deposition you weren't sure about when, but it would be at least three years, three and-a-half years ago, right? MR. ISMAIL: Objection.	Page 209
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1 2	A. Okay.	Page 210	1 2	giving opinions about the case,	Page 212
	Q. And as an expert, you're		3	not about what's being presented	
3 4	essentially brought in, and you're			to the jury. BY MR. SLATER:	
5	supposed to be objective and look at the important evidence and render opinions,		4 5	Q. Is it important that you	
6	right?		6	understand the PROLIFT®?	
7	A. That's correct.		7	A. Yes.	
8	Q. And it's very important, in		8	Q. Is it important that you	
9	order to do a full investigation and give		9	understand and know the complications	
10	a valid opinion to know the important		10	caused by the PROLIFT®?	
11	evidence, right?		11	A. Yes.	
12	A. Right.		12	Q. Now, you wrote a report	
13	Q. One of the things you want		13	which is about 58 pages long, right?	
14	to do as an expert, or should want to do,		14	A. I did.	
15	is see the important evidence, right?		15	Q. And I think you told me	
16	A. Yes.		16	before, that had all the important	
17	Q. You want to have the most		17	information and facts in it, right?	
18	complete information possible, correct?		18	A. I said it had most of the	
19	<ol> <li>The relevant information,</li> </ol>		19	important information and facts, yes.	
20	yes.		20	Q. You seem like a careful	
21	Q. For example, you would want		21	person.	
22	to at least know and consider the		22	Did you carefully write the	
23	information the jury has been presented		23	report?	
24	and that the jury may feel is important;		24	A. I did.	
		Page 211			Page 213
1	you'd want to at least take that into	Page 211	1	Q. Did you proofread it, make	Page 213
2	account, right?	Page 211	2	sure it said exactly what you wanted it	Page 213
2 3	account, right?  MR. ISMAIL: Objection.	Page 211	2	sure it said exactly what you wanted it to say?	Page 213
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		Page 214		Page 216
1	paper gets a sticker. Sorry about that.		1	Q. Do you agree with me that
2	Let's start again.		2	the PROLIFT® causes a chronic
3	Exhibit-5 that I've just		3	inflammatory reaction?
4	given you, is that a copy of your report		4	A. It does cause some any
5	in this case?		5	foreign body is going to cause an
6	A. Yes.		6	inflammatory reaction. Whether or not
7	Q. And that's the report you		7	it's chronic or not, I can't testify to
8	just told us you carefully wrote and		8	that.
9	carefully proofread so it said exactly		9	Q. Is it because you don't
10	what you wanted it to say?		10	know?
11	A. Yes.		11	A. It's not that I don't know,
12	Q. If you look at Page 17,		12	I just haven't seen that documented in
13	you're talking about your personal		13	the literature as it relates to the
14	experience with the PROLIFT® and that		14	PROLIFT®.
15	started during your fellowship?		15	Q. Are you aware that there can
16	A. Yes.		16	be a chronic inflammatory reaction to the
17	Q. And if you go about halfway		17	PROLIFT® mesh that can be, in some women,
18	or more down that paragraph, you talk		18	severe?
19	about it looks very intricate and complex		19	A. I'm aware that there is
20	at first.		20	inflammation associated with the mesh, as
21	Do you see that sentence?		21	it is with any foreign body. I haven't
22	A. I do.		22	read any evidence that suggests that that
23	Q. The large mesh with eight		23	inflammation is what causes difficulty or
24	arms laid out on the slides looked		24	complications with the mesh.
		Page 215		Page 217
1	ominous, right?	Page 215	1	Page 217 Q. We're going to come back to
1 2	ominous, right? A. Right.	Page 215	1 2	
	_	Page 215		Q. We're going to come back to
2	A. Right.	Page 215	2	Q. We're going to come back to that in a couple of minutes.
2	<ul><li>A. Right.</li><li>Q. And you stand by that</li></ul>	Page 215	2	Q. We're going to come back to that in a couple of minutes.  I want to go through a
2 3 4	A. Right. Q. And you stand by that statement, right? A. Well, it's six arms.	Page 215	2 3 4	Q. We're going to come back to that in a couple of minutes.  I want to go through a little bit of your background, in terms of what materials you reviewed in this
2 3 4 5	A. Right. Q. And you stand by that statement, right? A. Well, it's six arms. Q. Okay. So when you wrote	Page 215	2 3 4 5	Q. We're going to come back to that in a couple of minutes.  I want to go through a little bit of your background, in terms
2 3 4 5 6	A. Right. Q. And you stand by that statement, right? A. Well, it's six arms.	Page 215	2 3 4 5 6	Q. We're going to come back to that in a couple of minutes.  I want to go through a little bit of your background, in terms of what materials you reviewed in this case, okay?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Right. Q. And you stand by that statement, right? A. Well, it's six arms. Q. Okay. So when you wrote this report, you said it was eight arms on the PROLIFT® when it's really only six arms, right? A. That's correct. I made an error. I am human. Q. Now, Doctor, have you had the opportunity to know what testimony has been given during this trial? You said you knew a little bit about Dr. Zipper. Is that it? A. That's pretty much it, yes. Q. Okay. Now, I want to ask you another question about the PROLIFT® And I want to understand what you know about what the mesh does in the human		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. We're going to come back to that in a couple of minutes.  I want to go through a little bit of your background, in terms of what materials you reviewed in this case, okay?  A. Okay.  Q. And then we'll come back to that question in a little bit.  A. Okay.  Q. Did you assume that if there was something important, either an Ethicon document or testimony by an Ethicon witness, that the lawyers that represent Ethicon would have given that to you to consider?  A. Testimony by whom? Could you repeat the question?  Q. If there was important evidence, either in a document or in a deposition from people who work at

١.		Page 218		Page 220
1	from those types of people, that the		1	about what he does or anything like that,
2	lawyers representing Ethicon would have		2	right?
3	given that to you?		3	A. I don't.
4	A. Not necessarily.		4	Q. Do you know who Dr. Jim Hart
5	Q. Did you have interest in		5	is?
6	knowing what the people who actually		6	A. No.
7	developed and were responsible for the		7	Q. Do you know who Scott Jones
8	safety of the PROLIFT® had to say about		8	is?
9	it?		9	A. No.
10	A. I was interested in reading		10	Q. We did just go through his
11	the about the development by the		11	e-mail. In fairness, he's a marketing
12	Jacquetin and Cosson, who helped to		12	executive.
13	develop the product, yes.		13	But you didn't know that
14	So as it relates to what's		14	until I showed you that?
15	published in the scientific literature, I		15	A. Right.
16	was very interested in that.		16	Q. Am I correct that you still
17	In terms of what employees		17	don't even know who those people are now,
18	at Ethicon thought about it, that's less		18	including Scott Ciarrocca, who testified
19	relevant.		19	in court before this jury?
20			20	
	Q. Let's talk about some			MR. ISMAIL: Objection.
21	people, and I want to ask you a few		21	THE WITNESS: That's
22	questions.		22	correct.
23	A. Okay.		23	BY MR. SLATER:
24	Q. Do you know who Charlotte		24	Q. You haven't had the chance
		Page 219		Page 221
1	Owens is?	Page 219	1	Page 221 to see the testimony he gave? You have
1 2	Owens is?	Page 219	1 2	to see the testimony he gave? You have
2	A. I don't.	Page 219	2	to see the testimony he gave? You have no knowledge about that?
2	A. I don't. Q. Do you know who David	Page 219	2	to see the testimony he gave? You have no knowledge about that?  A. I haven't tried to look at
2 3 4	A. I don't. Q. Do you know who David Robinson is?	Page 219	2 3 4	to see the testimony he gave? You have no knowledge about that?  A. I haven't tried to look at the testimony he gave.
2 3 4 5	A. I don't. Q. Do you know who David Robinson is? A. That name sounds familiar,	Page 219	2 3 4 5	to see the testimony he gave? You have no knowledge about that?  A. I haven't tried to look at the testimony he gave.  Q. Whatever he said in court is
2 3 4 5 6	A. I don't. Q. Do you know who David Robinson is? A. That name sounds familiar, but I can't say specifically who he is.	Page 219	2 3 4 5 6	to see the testimony he gave? You have no knowledge about that?  A. I haven't tried to look at the testimony he gave.  Q. Whatever he said in court is irrelevant to you, fair?
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	Page 222			Page 224
1	more information.	1	for a new, safer mesh to be used in the	
2	Do you know what Ethicon	2	PROLIFT®, would that have any	
3	medical affairs is? Do you know what	3	significance to you at all?	
4	that department is?	4	MR. ISMAIL: Objection.	
5	A. I don't.	5	THE WITNESS: No, not in	
6	Q. Do you know the background	6	formulating these opinions. No.	
7	or the qualifications of any of the	7	BY MR. SLATER:	
8	medical affairs directors?	8	Q. Do you know what Ethicon did	
9	A. No.	9	to evaluate the safety of the PROLIFT®	
10	Q. Do you know whether their	10	before they put it on the market to be	
11	surgeons, who are urogynecologist in	11	put in women's bodies all over the United	
12	private practice before they joined	12	States and the world?	
13	Ethicon?	13	A. I don't know what Ethicon	
14				
		14	did, but	
15	Q. Do you know if some of them	15	Q. That's what I'm asking.	
16	were investigators and did clinical	16	A. No.	
17	studies on the PROLIFT®?	17	Q. Do you know what Ethicon did	
18	A. I did not know that.	18	to evaluate the safety of the PROLIFT®	
19	Q. You mentioned a few moments	19	once it was on the market?	
20	ago Dr. Jacquetin and Dr. Cosson.	20	A. I know that they were	
21	Their literature is	21	involved in funding some of the research	
22	important information, right?	22	that was done.	
23	A. Yes.	23	Q. Do you know who at Ethicon	
24	Q. The things that they know	24	was evaluating the research that was	
_	Page 223	_	heinn den 2	Page 225
1	about the PROLIFT® and the PROLIFT® mesh,	1	being done?	Page 225
2	about the PROLIFT® and the PROLIFT® mesh, that's important to you because they	2	A. I don't.	Page 225
2	about the PROLIFT® and the PROLIFT® mesh, that's important to you because they developed this procedure, right?	2	A. I don't. Q. Do you know if there were	Page 225
2 3 4	about the PROLIFT® and the PROLIFT® mesh, that's important to you because they developed this procedure, right?  A. Yes. And because they've	2 3 4	A. I don't. Q. Do you know if there were people at Ethicon that would read reports	Page 225
2 3 4 5	about the PROLIFT® and the PROLIFT® mesh, that's important to you because they developed this procedure, right?  A. Yes. And because they've published in peer-reviewed literature.	2 3 4 5	A. I don't. Q. Do you know if there were people at Ethicon that would read reports of people being harmed by the PROLIFT®	Page 225
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	Page 226			Page 228
1	A. No, I did not.	1	THE WITNESS: No.	
2	Q. That wouldn't have been	2	BY MR. SLATER:	
3	9	3		
	any of any significance to you, right?		Q. Meaning	
4	A. No.	4	A. Yes, you're correct.	
5	Q. Let's go through a few more	5	Q. That's okay.	
6	terms, just to kind of clear off my	6	Now, coming back to my	
7	checklist if we could.	7	question about the inflammatory response,	
8	Do you know what design	8	I'm going to show you something that	
9	control is?	9	we're going to mark as Exhibit-6, which	
10	A. No.	10	is the testimony of Charlotte Owens that	
11		11	•	
	Q. Do you know what a design		was submitted to the jury. This is a	
12	requirements matrix is?	12	transcript of that.	
13	A. No.	13	<del></del>	
14	Q. Do you know what an FMEA is?	14	(Whereupon, Exhibit	
15	A. No.	15	Lowman-6, Excerpt of Testimony of	
16	Q. Do you know what a DDSA is?	16	C. Owens, was marked for	
17	A. No.	17	identification.)	
18	Q. Do you know what an Ethicon	18		
19	clinical expert report is?	19	THE WITNESS: Okay.	
20		20	BY MR. SLATER:	
	A. No.			
21	Q. And all these things I've	21	Q. And if you look, there's	
22	asked you about that you say you're not	22	what we call numbered clips. And if you	
23	familiar with, to be fair, that's you	23	go to clip 36, there's some questions and	
24	didn't consider any of those things in	24	answers of Charlotte Owens, who you told	
	Page 227			Page 229
1	Page 227 forming your opinions, right?	1	us you don't know who she is. But let's	Page 229
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		Page 230			Page 232
1	And she then testifies:	J	1	A. That's correct.	
2	This statement is about what we saw in		2	Q. And when you've	
3	our animal studies, but what you state is		3	A. And my opinions in general.	
4	also a possibility. But this statement		4	Q. Right. But when you're	
5	is about what we demonstrated in our		5	talking here as an expert, you're basing	
6	animal studies.		6	that on your own experience and the	
7	And then she was asked:		7	medical literature, right?	
			8	· · · · · · · · · · · · · · · · · · ·	
8	What I stated just a moment ago, you				
9	understood that that would occur in some		9	Q. And you're basing it, when	
10	women, correct?		10	you're talking about your experience, on	
11	And she says: That can		11	what you do in your practice and what	
12	occur in some women.		12	you've done in your practice, right?	
13	Do you see that?		13	A. That's right.	
14	A. I see that.		14	Q. Let's talk a little bit now	
15	Q. Now, I'll just let you know,		15	about some medical literature, because	
16	Charlotte Owens is the medical director		16	you just talked about that a bit.	
17	who signed off to let the PROLIFT® go on		17	A. Okay.	
18	the market.		18	Q. I'm going to hand you an	
19	You didn't know that before		19	article that was marked as PLT 352.	
20	I just told you that?		20	And this is an abstract, on	
21	A. No.		21	the right-hand side, that was published	
22	Q. And she testified that the		22	in the Journal of Pelvic Medicine and	
23	•		23		
24	inflammatory reaction is chronic and can			Surgery, in March and April 2006.	
2 <del>4</del>	be severe.		24	Do you see that?	
		Dago 221			Page 233
1	You see that right?	Page 231	1	Λ I lh-huh	Page 233
1	You see that, right?	Page 231	1	A. Uh-huh.	Page 233
2	A. Yes.	Page 231	2	Q. And you see who the authors	Page 233
2	<ul><li>A. Yes.</li><li>Q. Does that have any impact on</li></ul>	Page 231	2	Q. And you see who the authors are, it includes Vince Lucente and Miles	Page 233
2 3 4	A. Yes. Q. Does that have any impact on your opinions in this case?	Page 231	2 3 4	Q. And you see who the authors are, it includes Vince Lucente and Miles Murphy, and the doctors he works with at	Page 233
2 3 4 5	A. Yes. Q. Does that have any impact on your opinions in this case? A. No.	Page 231	2 3 4 5	Q. And you see who the authors are, it includes Vince Lucente and Miles Murphy, and the doctors he works with at his practice?	Page 233
2 3 4 5 6	A. Yes. Q. Does that have any impact on your opinions in this case? A. No. Q. Because, again, I think you	Page 231	2 3 4 5 6	Q. And you see who the authors are, it includes Vince Lucente and Miles Murphy, and the doctors he works with at his practice?  A. Yes.	Page 233
2 3 4 5 6 7	A. Yes. Q. Does that have any impact on your opinions in this case? A. No. Q. Because, again, I think you told me there's really nothing that I	Page 231	2 3 4 5	Q. And you see who the authors are, it includes Vince Lucente and Miles Murphy, and the doctors he works with at his practice?  A. Yes.  Q. And is this the type of	Page 233
2 3 4 5 6 7 8	A. Yes. Q. Does that have any impact on your opinions in this case? A. No. Q. Because, again, I think you told me there's really nothing that I could show you that would change your	Page 231	2 3 4 5 6	Q. And you see who the authors are, it includes Vince Lucente and Miles Murphy, and the doctors he works with at his practice?  A. Yes. Q. And is this the type of literature you did rely on in forming	Page 233
2 3 4 5 6 7 8	A. Yes. Q. Does that have any impact on your opinions in this case? A. No. Q. Because, again, I think you told me there's really nothing that I could show you that would change your opinions, correct?	Page 231	2 3 4 5 6 7 8 9	Q. And you see who the authors are, it includes Vince Lucente and Miles Murphy, and the doctors he works with at his practice?  A. Yes.  Q. And is this the type of literature you did rely on in forming your opinions?	Page 233
2 3 4 5 6 7 8	A. Yes. Q. Does that have any impact on your opinions in this case? A. No. Q. Because, again, I think you told me there's really nothing that I could show you that would change your	Page 231	2 3 4 5 6 7 8	Q. And you see who the authors are, it includes Vince Lucente and Miles Murphy, and the doctors he works with at his practice?  A. Yes. Q. And is this the type of literature you did rely on in forming	Page 233
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Yes. Q. Does that have any impact on your opinions in this case? A. No. Q. Because, again, I think you told me there's really nothing that I could show you that would change your opinions, correct? MR. ISMAIL: Objection. Asked and answered. THE WITNESS: Do I answer it or not? MR. ISMAIL: Yes. THE WITNESS: That's correct. Because, as I said before, I focus my clinical decision-making on peer-reviewed literature. BY MR. SLATER: Q. When you say you focus your clinical decision-making, you're talking about what you do in your practice and	Page 231	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. And you see who the authors are, it includes Vince Lucente and Miles Murphy, and the doctors he works with at his practice?  A. Yes. Q. And is this the type of literature you did rely on in forming your opinions?  A. No. I relied on the highest levels of evidence. Smaller studies were considered; I mean, I did review them and read them. But what I relied on was the highest levels of evidence that we described a few moments ago. Q. When you say "the highest levels of evidence," are you saying you only relied on randomized control trials? A. No. What I'm saying is I rely most heavily on those on those studies, because they have the strength is better of those studies. Q. Well, this article, for	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. Does that have any impact on your opinions in this case? A. No. Q. Because, again, I think you told me there's really nothing that I could show you that would change your opinions, correct? MR. ISMAIL: Objection. Asked and answered. THE WITNESS: Do I answer it or not? MR. ISMAIL: Yes. THE WITNESS: That's correct. Because, as I said before, I focus my clinical decision-making on peer-reviewed literature. BY MR. SLATER: Q. When you say you focus your clinical decision-making, you're talking	Page 231	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And you see who the authors are, it includes Vince Lucente and Miles Murphy, and the doctors he works with at his practice?  A. Yes. Q. And is this the type of literature you did rely on in forming your opinions?  A. No. I relied on the highest levels of evidence. Smaller studies were considered; I mean, I did review them and read them. But what I relied on was the highest levels of evidence that we described a few moments ago. Q. When you say "the highest levels of evidence," are you saying you only relied on randomized control trials?  A. No. What I'm saying is I rely most heavily on those on those studies, because they have the strength is better of those studies.	

		Page 234			Page 236
1	deposition, one of the things you relied		1	that column, it says, No mesh exposures	
2	on, in forming your opinions, was Dr.		2	or erosions were detected.	- 1
3	Lucente's literature; is that true?		3	Do you see that?	
4	A. All of the literature, yes.		4	A. I see that.	
5	Q. So this is one part of his		5	Q. And if you look just to the	
6	literature, correct?		6	left of that, in the results section, it	
7	A. This is.		7	says that, There were 97 patients that	
8	Q. And you see it was 89		8	came back for their one-year visit.	
9	patients, right?		9	Do you see that?	
10	A. Yes.		10	A. Yes.	
11	Q. And then if you go down into		11	Q. So this is 97 patients	
12	the results section, about halfway down,		12	they're reporting on, no exposures or	
13	they say that, Of the 89 patients, there		13	erosions. Vince Lucente and his group,	
14	was one mesh erosion of mesh into the		14	right?	
15	bladder and this was the only erosion.		15	A. Yes.	
	•				
16	Do you see that?		16	Q. And, again, this is the type	
17	A. I don't see that yet.		17	of article that you took into account in	
18	Q. Go down about two-thirds of		18	forming your opinions, right?	
19	the way.		19	A. Yes.	
20	<ul> <li>A. Two-thirds of the way.</li> </ul>		20	Q. And when Vince Lucente	
21	Okay.		21	let's get to the next one, actually.	
22	Q. There was an erosion of mesh		22	I'll give you a third article, it's	
23	into the bladder, and this was the only		23	P-1500.	
24	erosion, one out of 89 patients.		24	And this is a manuscript	
	,				
			_		
		Page 235			Page 237
1	Do you see that?	Page 235	1	written by Dr. Lucente and his group	Page 237
1 2	Do you see that?  A. Are you on the first page?	Page 235		written by Dr. Lucente and his group	Page 237
2	A. Are you on the first page?	Page 235	2	regarding results of the PROLIFT® with	Page 237
2	A. Are you on the first page? Q. Yes.	Page 235	2	regarding results of the PROLIFT® with 349 patients.	Page 237
2 3 4	<ul><li>A. Are you on the first page?</li><li>Q. Yes.</li><li>A. I don't see it yet.</li></ul>	Page 235	2 3 4	regarding results of the PROLIFT® with 349 patients.  Do you see that?	Page 237
2 3 4 5	<ul><li>A. Are you on the first page?</li><li>Q. Yes.</li><li>A. I don't see it yet.</li><li>Q. If you go down the results</li></ul>	Page 235	2 3 4 5	regarding results of the PROLIFT® with 349 patients.  Do you see that?  A. Yes.	Page 237
2 3 4 5 6	<ul> <li>A. Are you on the first page?</li> <li>Q. Yes.</li> <li>A. I don't see it yet.</li> <li>Q. If you go down the results</li> <li>section, about halfway down.</li> </ul>	Page 235	2 3 4 5 6	regarding results of the PROLIFT® with 349 patients.  Do you see that?  A. Yes.  Q. And if you go to the second	Page 237
2 3 4 5 6 7	A. Are you on the first page? Q. Yes. A. I don't see it yet. Q. If you go down the results section, about halfway down. A. Yes.	Page 235	2 3 4 5 6 7	regarding results of the PROLIFT® with 349 patients.  Do you see that?  A. Yes.  Q. And if you go to the second page, there's an abstract. And at the	Page 237
2 3 4 5 6 7 8	<ul> <li>A. Are you on the first page?</li> <li>Q. Yes.</li> <li>A. I don't see it yet.</li> <li>Q. If you go down the results</li> <li>section, about halfway down.</li> <li>A. Yes.</li> <li>Q. Now, let me give you another</li> </ul>	Page 235	2 3 4 5 6 7 8	regarding results of the PROLIFT® with 349 patients.  Do you see that?  A. Yes.  Q. And if you go to the second page, there's an abstract. And at the very end of the results section of the	Page 237
2 3 4 5 6 7 8 9	A. Are you on the first page? Q. Yes. A. I don't see it yet. Q. If you go down the results section, about halfway down. A. Yes. Q. Now, let me give you another article that we marked as PLT 485.	Page 235	2 3 4 5 6 7 8 9	regarding results of the PROLIFT® with 349 patients.  Do you see that?  A. Yes.  Q. And if you go to the second page, there's an abstract. And at the very end of the results section of the abstract, on the second page it says,	Page 237
2 3 4 5 6 7 8	<ul> <li>A. Are you on the first page?</li> <li>Q. Yes.</li> <li>A. I don't see it yet.</li> <li>Q. If you go down the results</li> <li>section, about halfway down.</li> <li>A. Yes.</li> <li>Q. Now, let me give you another</li> </ul>	Page 235	2 3 4 5 6 7 8	regarding results of the PROLIFT® with 349 patients.  Do you see that?  A. Yes.  Q. And if you go to the second page, there's an abstract. And at the very end of the results section of the abstract, on the second page it says, Mesh exposure was seen in four, 1.1	Page 237
2 3 4 5 6 7 8 9 10 11	A. Are you on the first page? Q. Yes. A. I don't see it yet. Q. If you go down the results section, about halfway down. A. Yes. Q. Now, let me give you another article that we marked as PLT 485.	Page 235	2 3 4 5 6 7 8 9	regarding results of the PROLIFT® with 349 patients.  Do you see that?  A. Yes.  Q. And if you go to the second page, there's an abstract. And at the very end of the results section of the abstract, on the second page it says,	Page 237
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	P	age 242			Page 244
1			1	THE WITNESS: I see that,	
2	(Whereupon, Exhibit		2	yes.	
3	Lowman-7, Excerpt of Testimony of		3	BY MR. SLATER:	
4	P. Hinoul, was marked for		4	Q. And if you go a little	
5	identification.)		5	further down let me start over. I'm	
6	·		6	going to start over.	
7	BY MR. SLATER:		7	Dr. Hinoul here is	
8	Q. We marked this as Exhibit 7.		8	testifying about the PROLIFT®. And do	
9	This is the testimony the jury heard from		9	you see on Line 22, Page 382, Line 22,	
10	Piet Hinoul.		10	he's talking about the PROLIFT® and he's	
11	You said you don't know who		11	asked: You knew it could lead to	
12	he is, right?		12	dyspareunia?	
13	A. Right.		13	And his answer is: Yes.	
14	Q. Just in fairness, Piet		14	Do you see that?	
15	Hinoul is the worldwide medical director		15	MR. ISMAIL: Objection.	
16	at Ethicon. He's a urogynecologist who		16	Lack of foundation.	
17	was trained by Professor Cosson on how to		17	THE WITNESS: Yes.	
18	do the PROLIFT®.		18	BY MR. SLATER:	
19	A. Okay.		19	Q. And this is testimony the	
20	,		20	-	
	•			jury has already seen, in fairness. You	
21	their designated corporate representative		21	don't know that. You're seeing this for	
22	for medical affairs.		22	the first time?	
23	A. Okay.		23	MR. ISMAIL: Objection.	
24	Q. Just so you know who he is.		24	Lack of foundation.	
		age 243			Page 245
1	And if you could turn in	age 2 is	1	THE WITNESS: I'm seeing	rage 213
2	this exhibit to the third to the		2	this for the first time.	
3	fourth page, please.		3	BY MR. SLATER:	
4	And he's talking there about		4	Q. Do you disagree with Piet	
5	some of the risks		5	Hinoul, who is a urogynecologist, who was	
6	A. It says it's numbered 1,		6	trained by the inventor of the PROLIFT®	
7	· · · · · · · · · · · · · · · · · · ·		7		
	2, 3 and then 1 again.		_	and was in charge of overseeing the	
8	Q. Don't if you just go to		8	PROLIFT® for years at Ethicon? Do you	
9	the fourth page, the fourth page is		9	disagree with his testimony to the jury?	
10	actually a new Page 1 because that's		10	A. I think that's an	
11	testimony from an April 6th, 2012,		11	overstatement, yes.	
12	deposition. You see at the top, that		12	Q. So you disagree with Piet	
13	date.		13	Hinoul?	
14	A. Yes, okay.		14	MR. ISMAIL: Objection.	
15	Q. No problem.		15	THE WITNESS: Yes.	
16	So here Dr. Hinoul, who is		16	BY MR. SLATER:	
17	the worldwide medical director for		17	Q. And if we were to show you	
18	Ethicon, is asked: You knew that		18	internal documents where Ethicon	
19	significant retraction would occur		19	acknowledged that the PROLIFT® could	
20	could occur?		20	cause dyspareunia, you would disagree	
21	He says: Right.		21	with every one of those documents, right?	
22	Do you see that?		22	MR. ISMAIL: Objection.	
23 24	MR. ISMAIL: Objection. Lack of foundation.		23 24	THE WITNESS: I would disagree with that assessment,	

_			1		
		Page 246			Page 248
1	yes.	J	1	article?	Ĭ
2	BY MR. SLATER:		2	Q. I think it's on Page E3 or	
3	Q. Now, in your article, which		3	E4. Let's turn to that. Here we go.	
4	we have here, PLT 0302, there was a 16		4	It's actually Page E2 into E3.	
5	actually, you called it a 17 percent de		5	What you're talking about	
6 7	novo dyspareunia rate.		6	there is you sent questionnaires out to	
	That's what you reported in		7	these patients, validated questionnaires,	
8	this article, correct?		8	right?	
9	A. That's correct.		9	A. That's right. One of them	
10	Q. De novo dyspareunia means		10	was validated, one was not.	
11	the person didn't have any discomfort		11	<ul><li>Q. A validated questionnaire is</li></ul>	
12	with sexual relations before the surgery,		12	something that the urogynecology	
13	after the surgery the woman has		13	community of doctors has said, okay,	
14	discomfort with sexual relations, right?		14	these questions are valid to find out if	
15	A. That's right.		15	somebody has dyspareunia in this case,	
16	Q. And 17 percent of those		16	right?	
17	women that had no discomfort to begin		17	A. No. It's a validation of	
18	with ended up with it after, that's what		18	sexual in this case, it would be a	
19	you've documented, right?		19	validation of whether or not that	
20	A. 17 percent of the patients		20	questionnaire accurately captures or	
21	that were currently sexually active, yes.		21	assesses sexual function.	
22	Q. Now, you had previously		22	It's not PISQ the PISQ	
23	submitted an abstract of this study where		23	12 is not specific for dyspareunia, which	
24	you had quoted a 24 percent de novo		24	is why we included that non-validated	
	duanamamia maka samua d2	Page 247	-	and the second s	Page 249
1	dyspareunia rate, correct?	Page 247	1	questionnaire, because that was specific	Page 249
2	A. Yes, I believe so. Do you	Page 247	2	for dyspareunia.	Page 249
2 3	A. Yes, I believe so. Do you have that for me?	Page 247	2	for dyspareunia. Q. You created your own	Page 249
2 3 4	A. Yes, I believe so. Do you have that for me? Q. Sure. PLT 1096.	Page 247	2 3 4	for dyspareunia. Q. You created your own questionnaire to accompany the validated	Page 249
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2 3 4 5	A. Yes, I believe so. Do you have that for me? Q. Sure. PLT 1096. A. Thank you.	Page 247	2 3 4 5	for dyspareunia. Q. You created your own questionnaire to accompany the validated one so you would get really good	Page 249
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				1
	Page 250			Page 252
1	And then if you go down	1	say is that 13 were saying that they had	
2	through it, they talk about or you	2	de novo dyspareunia, meaning that they	
3	talk about, on the next page let me	3	answered the first question, which was,	
4	just find it it's right there	4	do you have pain with intercourse, as a	
5	underneath. Sorry. Let's start over.	5	yes; and answered the second question,	
6	Right underneath the 41	6	did you have pain with intercourse before	- 1
7	patients, it says, 20 of the 41 sexually	7	surgery, as a no.	- 1
8	active patients who responded to the	8	I don't know the total	- 1
	·			
9	questionnaires described themselves as	9	denominator. I just have to use those	
10	pain free.	10	numbers objectively.	- 1
11	Right?	11	Q. I'm using the numbers in	- 1
12	A. Right.	12	your article.	- 1
13	Q. So 20 are okay, and that	13	A. Okay.	- 1
14	leaves 21 with dyspareunia, correct?	14	<ul><li>Q. And the numbers in your</li></ul>	- 1
15	<ul><li>A. I think that's correct.</li></ul>	15	article are, you have 21 women with	- 1
16	Q. Okay. Then if you go to the	16	dyspareunia after the surgery, right?	- 1
17	next page, the top of the left-hand	17	Remember, we went through,	- 1
18	column, the first full paragraph, Page	18	and it says 20 of the women said they	- 1
19	E3, it says, 8 of the women reported	19	were okay, they didn't have dyspareunia.	- 1
20	having dyspareunia at baseline.	20	So it leaves 21 women with	- 1
21	Eight of the 41, right?	21	dyspareunia, right?	- 1
22	A. Yes.	22	A. Okay.	- 1
23		23	Q. So we have 21 women with	- 1
24	Q. So you would want to subtract those both out of the numerator		•	- 1
2 <del>4</del>	Subtract those both out of the numerator	24	dyspareunia.	- 1
	Decc 251			Daga 252
1	Page 251	1	If you subtract the eight	Page 253
1	and denominator, because you're not going	1	If you subtract the eight	Page 253
2	and denominator, because you're not going to find out if someone has new	2	that had it to begin, with that leaves	Page 253
2	and denominator, because you're not going to find out if someone has new dyspareunia if they had it to begin with,	2	that had it to begin, with that leaves you 13, right?	Page 253
2 3 4	and denominator, because you're not going to find out if someone has new dyspareunia if they had it to begin with, correct?	2 3 4	that had it to begin, with that leaves you 13, right?  A. Right.	Page 253
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2 3 4 5 6	and denominator, because you're not going to find out if someone has new dyspareunia if they had it to begin with, correct?  A. That's correct. Q. So right now we have 21	2 3 4 5 6	that had it to begin, with that leaves you 13, right?  A. Right. Q. If you subtract them from the numerator, the top, you also subtract	Page 253
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		Page 254			Page 256
1	MR. ISMAIL: Objection.		1	dyspareunia	
2	BY MR. SLATER:		2	A. Where are you?	
3	Q. So that the calculation will		3	Q by retrospective self	
4	be accurate?		4	report?	
5	MR. ISMAIL: Objection.		5	First full paragraph on E3,	
6	Asked and answered.		6	first sentence.	
7	THE WITNESS: I don't think		7	A. I'm on E3. Eight	
8	that's right.		8	respondents reported dyspareunia at	
9	BY MR. SLATER:		9	baseline, leaving 13 with de novo	
10	Q. Well, let's do this. You		10		
				dyspareunia by retrospective report.	
11	have eight women that had dyspareunia to		11	Right.	
12	begin with, right?		12	So the baseline, the 13 is,	
13	A. Yes, by retrospective		13	I believe, the number of patients that	
14	self-report. Yes.		14	had dyspareunia, and out of those 13,	
15	Q. So you're not going to want		15	eight of them described it as de novo.	
16	to evaluate them for whether they had		16	Q. That's not what you say	
17	dyspareunia or not after because we know		17	there. You say, eight respondents	
18	they already had it, and you're looking		18	reported dyspareunia at baseline, leaving	
19	to find new dyspareunia, right?		19	13 with de novo dyspareunia.	
20	A. Right.		20	So it's 21 minus eight	
21	Q. So if we subtract them out		21	equals 13, right?	
22	of the 41 total, that goes to a total of		22	A. Right.	
23	33 women that didn't have dyspareunia to		23	Q. So that's how you get the	
24	begin with, right?		24	number of women out of the 41 that had	
- '	begin with, right:		۷ ا	number of women out of the 11 that had	
		Dago SEE			Dago 2F7
1	MD ICMAIL Objection	Page 255	1	dyenarounia only after the DDOLIET®	Page 257
1	MR. ISMAIL: Objection.	Page 255	1	dyspareunia only after the PROLIFT®,	Page 257
2	THE WITNESS: No. Because	Page 255	2	right?	Page 257
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2 3 4	THE WITNESS: No. Because the eight women aren't in the same group as the 41 women. There's a	Page 255	2 3 4	right? A. Right. By retrospective self-report.	Page 257
2 3 4 5	THE WITNESS: No. Because the eight women aren't in the same group as the 41 women. There's a total of	Page 255	2 3 4 5	right? A. Right. By retrospective self-report. Q. Right.	Page 257
2 3 4 5 6	THE WITNESS: No. Because the eight women aren't in the same group as the 41 women. There's a total of there's a total of how many patients answered this?	Page 255	2 3 4 5 6	right? A. Right. By retrospective self-report. Q. Right. A. So it's a proportion of that	Page 257
2 3 4 5	THE WITNESS: No. Because the eight women aren't in the same group as the 41 women. There's a total of there's a total of how many patients answered this? 56 patients answered	Page 255	2 3 4 5	right? A. Right. By retrospective self-report. Q. Right.	Page 257
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	THE WITNESS: No. Because the eight women aren't in the same group as the 41 women. There's a total of there's a total of how many patients answered this? 56 patients answered BY MR. SLATER:  Q. There's actually 41.  A. So 41 patients answered the questionnaire. Right. Okay. Forty-one patients answered the questionnaire. Out of those 41 patients, eight said that they had de novo dyspareunia. So eight said that they had dyspareunia Q. No, eight said they had dyspareunia at baseline in the beginning. That's what you said right here.  A. Okay. Eight said that they Q. Do you see that at the top of the left column on Page E3.	Page 255	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	right?  A. Right. By retrospective self-report. Q. Right. A. So it's a proportion of that 41 patients. It's not the denominator is not 41. When you're looking at this I don't we can go on about this.  But what I'm trying to say is that when you look at the questionnaires, the only thing that I can say is what proportion of those patients have dyspareunia. It's not whether or not they developed de novo dyspareunia from baseline, because I don't have that baseline data. These were anonymous questionnaires.  The only way that I can that I can estimate or calculate a de novo dyspareunia rate objectively from	Page 257

		Page 258			Page 260
1	questions.		1	their case, right?	
2	So what I'm reporting is a		2	A. Right.	
3	proportion of patients who are reporting		3	Q. So you subtract them out of	
4	that they felt de novo dyspareunia.		4	the calculation, if you just want to find	
5	I don't know how else to say		5	the percentage of the 41 that had new	
6	it. But it's different from what you're		6	dyspareunia, correct?	- 1
7	saying.		7	A. Right.	- 1
8	MR. SLATER: Move to strike		8	Q. And that would leave you 13	- 1
9			9	women with new dyspareunia out of 33,	- 1
	as nonresponsive.				- 1
10	BY MR. SLATER:		10	which was the total that didn't have it	- 1
11	Q. Doctor, in your abstract		11	before, correct?	- 1
12	where you reported 24 percent, you base		12	A. No.	- 1
13	that on the questionnaires plus talking		13	Q. There were 41 women total	- 1
14	to the people on the phone, right?		14	who answered?	- 1
15	A. Right.		15	A. This is the thing	- 1
16	Q. And then when you did your		16	Q. Doctor	- 1
17	article, you had 41 women who responded		17	A we didn't calculate	- 1
18	to the questionnaires, correct?		18	Q. Doctor	- 1
19	A. Correct.		19	A the rate of de novo	- 1
20	Q. Of those, 21 had dyspareunia		20	dyspareunia based on the questionnaires.	- 1
21	after the PROLIFT®, right?		21	We calculated the rate of de novo	- 1
22	A. Of those that responded to		22	dyspareunia based on chart review and	- 1
23	the questionnaires?		23	telephone interview.	- 1
24	Q. Yes.		24	The questionnaires was	- 1
				<u> </u>	
		Page 259			Page 261
1	A. Ask the question again.	_	1	simply an effort to try to get more	-
2	Q. Of the women who responded		2	information about dyspareunia and how	- 1
3	to the questionnaires, we only have 41		3	they were experiencing it, whether or not	- 1
4	women, that's the number you can study,		4	it was mild, moderate or severe; when	- 1
5	right, based on		5	they were experiencing it, with deep	
6	A. Right.		_	and were experiencing to with acce	
			6	nenetration et cetera	
	5		6 7	penetration, et cetera.	
7	Q the questionnaires,		7	We did not use the	
7 8	Q the questionnaires, because that's what you have, right?		7 8	We did not use the questionnaires, nor were the	
7 8 9	Q the questionnaires, because that's what you have, right? A. Right.		7 8 9	We did not use the questionnaires, nor were the questionnaires designed to assess a rate	
7 8 9 10	Q the questionnaires, because that's what you have, right? A. Right. Q. So you have, of the 41, 20		7 8 9 10	We did not use the questionnaires, nor were the questionnaires designed to assess a rate of de novo dyspareunia. You can't do	
7 8 9 10 11	Q the questionnaires, because that's what you have, right? A. Right. Q. So you have, of the 41, 20 were okay and 21 had dyspareunia after		7 8 9 10 11	We did not use the questionnaires, nor were the questionnaires designed to assess a rate of de novo dyspareunia. You can't do that, if you don't know who is answering	
7 8 9 10 11 12	Q the questionnaires, because that's what you have, right? A. Right. Q. So you have, of the 41, 20 were okay and 21 had dyspareunia after the surgery, right?		7 8 9 10 11 12	We did not use the questionnaires, nor were the questionnaires designed to assess a rate of de novo dyspareunia. You can't do that, if you don't know who is answering the questionnaires. Because I don't know	
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	Pa	age 262			Page 264
1	But we're assessing two different things		1	BY MR. SLATER:	
2	with those two different evaluations.		2	Q. Doctor, I just want to go	
3	MR. SLATER: Move to strike.		3	through what the information is that you	
4	BY MR. SLATER:		4	reported here in	
5	Q. Dr. Lowman, what I want to		5	A. I'm trying to get through	
6	do is just go through a little bit of the		6	that.	
7	calculation, and we went through this at		7	Q. We'll get to what you want	
8	your deposition, remember?		8	to talk about, we both want to talk	
9	A. Right.		9	about.	
10	Q. All I'm trying to do is		10	A. We're talking about what you	
11	figure out the percentage of those 41		11	want to talk about.	
12	women that reported de novo dyspareunia,		12		
13	· · · · · · · · · · · · · · · · · · ·		13	Q. We're not. I just want to do a calculation.	
14	okay?		13 14		
	A. Okay.			A. Okay.	
15	Q. It's all I want to do right		15	Q. I just want to do is math.	
16	now.		16	A. Okay.	
17	A. Okay.		17	Q. All I want to do is math.	
18	Q. So if we go through it very		18	A. Okay.	
19	simply, 41 women answered the		19	Q. So let's start again, and	
20	questionnaires, right?		20	just try to go through the numbers.	
21	We've established that? 41		21	A. Okay.	
22	women answered the questionnaires?		22	Q. Doctor, 41	
23	A. 41 women answered the		23	A. Can I have a pen to go	
24	questionnaires.		24	through the numbers with	
1		age 263	1	O. Curo	Page 265
1	Q. 21 said they had dyspareunia	age 263	1	Q. Sure.	Page 265
2	Q. 21 said they had dyspareunia after the PROLIFT® surgery, right?	age 263	2	A. And let me just read it	Page 265
2	Q. 21 said they had dyspareunia after the PROLIFT® surgery, right? A. Yes.	age 263	2	A. And let me just read it again. Can I have a sheet of paper?	Page 265
2 3 4	Q. 21 said they had dyspareunia after the PROLIFT® surgery, right? A. Yes. Q. So 21 out of 41, correct?	age 263	2 3 4	A. And let me just read it again. Can I have a sheet of paper? Q. I have some paper for you,	Page 265
2 3 4 5	Q. 21 said they had dyspareunia after the PROLIFT® surgery, right? A. Yes. Q. So 21 out of 41, correct? A. 21 out of 41, yes.	age 263	2 3 4 5	A. And let me just read it again. Can I have a sheet of paper? Q. I have some paper for you, Doctor. Here is a piece of paper.	Page 265
2 3 4 5 6	Q. 21 said they had dyspareunia after the PROLIFT® surgery, right? A. Yes. Q. So 21 out of 41, correct? A. 21 out of 41, yes. Q. Eight of those 21 women had	age 263	2 3 4 5 6	A. And let me just read it again. Can I have a sheet of paper? Q. I have some paper for you, Doctor. Here is a piece of paper. A. Give me a minute to read it.	Page 265
2 3 4 5 6 7	Q. 21 said they had dyspareunia after the PROLIFT® surgery, right? A. Yes. Q. So 21 out of 41, correct? A. 21 out of 41, yes. Q. Eight of those 21 women had it to begin with, before the surgery; so	age 263	2 3 4 5 6 7	A. And let me just read it again. Can I have a sheet of paper? Q. I have some paper for you, Doctor. Here is a piece of paper. A. Give me a minute to read it. Q. Doctor, in the interest of	Page 265
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Page 266 Page 268 sent questionnaires out to 56 women and 1 A. -- what we had at the time. 2 41 responded, correct? 2 When we presented this data, 3 3 Α. That's correct. it was abstract. That means the -- the 4 4 study is still ongoing. An abstract is 0. And those questionnaires 5 were designed to determine how many 5 what we submit to whatever body it is 6 women, or what percentage of women were 6 that we're submitting it to, to present 7 reporting or had new dyspareunia after 7 our data, about what we currently have. 8 8 the surgery, correct? It's not final data. 9 9 A. No. That's what I'm saying. There were several patients 10 That's not what the questionnaires were 10 in this cohort of patients who had just had surgery and were not yet sexually 11 for. 11 active. We were still evaluating the 12 The questionnaires were sent 12 out to get greater -- get greater 13 13 data. information about the quality of their 14 14 Did we ask the question, do you have de novo dyspareunia from the 15 dyspareunia, how severe it was, where 15 they were experiencing it, and if the questionnaires? Yes. Did we assess de 16 16 dyspareunia was so bad that they wouldn't novo -- de novo dyspareunia rate by 17 17 18 have the procedure done again. 18 questionnaire? No. 19 Q. Doctor, when you reported 19 MR SLATER: Move to strike. 20 the results of this study in the abstract 20 BY MR SLATER: 21 I gave you as PLT 1096, you reported a 24 21 Q. The data reported in the percent dyspareunia rate, new Journal of Pelvic Medicine and Surgery in 22 22 23 dyspareunia, based on the questionnaires, 23 March and April of 2008, the 24 percent 24 correct? 24 figure of new dyspareunia for PROLIFT® Page 267 Page 269 I have to look at that. 1 patients is based on the responses to the 1 2 2 No, we didn't -- we didn't questionnaires. 3 3 assess the rate of de novo dyspareunia That's a true statement, 4 based on the questionnaires. 4 correct? 5 That's what it says, though? 5 Q. A. It might be. But we are 6 Where does it say that? 6 not -- we didn't evaluate -- that's not Α. 7 Q. Right in the results 7 what we used to characterize the de novo section, 49 were currently sexually 8 8 dyspareunia -- de novo dyspareunia rate. 9 9 active and were mailed questionnaires? We assessed de novo 10 dyspareunia with the questionnaires by 10 A. Riaht. 33 patients responded: 7 of 11 asking, do you have pain with intercourse 11 the 33 who responded had dyspareunia now and did you have pain with 12 12 intercourse before surgery? That data is 13 preoperatively; 8, 24 percent, developed 13 de novo dyspareunia. not what we used to calculate the de novo 14 14 15 And that's the figure you dyspareunia rate for the cohort. 15 16 reported. The 8 -- 24 percent per the 16 MR. SLATER: Move to strike questionnaires, that's what you reported, after "it might be." 17 17 BY MR. SLATER: 18 correct? 18 19 A. Right. 19 Q. When you published your article, you decided not to base your 20 It's a simple yes or no. I 20 Q. just want to know -figure on the questionnaires, correct? 21 21 22 22 That's a true statement, correct? A. We reported --The de novo dyspareunia 23 Doctor, I just want to 23 Q. Α. 24 24 know -rate?

Page 270 Page 272 1 Q. Right. 1 deposition, I walked through your article 2 2 and I walked through the calculation of We never -- no, that's not 3 3 correct. We had always planned to assess de novo dyspareunia based on the de novo dyspareunia in the most objective 4 4 questionnaires? Do you remember we did 5 way, which is to evaluate what patients 5 that on Page 173, 174 and 175? 6 reported at the beginning, when they 6 A. Yes. first came into our practice, on the 7 7 O. I'm going to walk through it 8 8 patient self-administered questionnaires with you, starting on Line 8 of Page 173. 9 that they receive as a new patient in our 9 I point out we're on Page E2, because that's where it starts: In the bottom 10 practice, where they are asked, are you 10 currently sexually active and are you right-hand corner -- paragraph where it 11 11 experiencing dyspareunia. 12 12 says, 56 of the sexually active patients That is the most objective agreed to answer questionnaires, the 13 13 response rate was 73 percent, meaning 41 assessment, because it allows the patient 14 14 to describe their condition at that time. 15 15 responded. 16 We then went back to the 16 Your answer was: Uh-huh. 17 17 charts to look at their six-month And the question: So we 18 follow-ups, where they are also given 18 know we have a set of 41 that responded, 19 those questionnaires, and asked then, are 19 correct? 20 you having pain with intercourse now and 20 Α. Right. Now, you were then asked, on 21 do you have -- are you sexually active. 21 Q. 22 Asking the patients at the time what Line 18: Then it says, 20 of the 41 22 23 they're experiencing now is more accurate 23 sexually active patients who responded to 24 than asking them to recollect what they 24 the questionnaires described themselves Page 271 Page 273 remember. 1 as pain free? 1 2 The only reason we asked 2 Α. Riaht. 3 3 them that question in the questionnaire Q. So 20 out of 41 had no 4 was to be able to correlate the other 4 dyspareunia? 5 data in the guestionnaire to whether or 5 A. Right. 6 not the patients were self-reporting de 6 Q. And that leaves 21 at the 7 7 bottom of the page right there who novo dyspareunia. MR. ISMAIL: Doctor, if the 8 8 reported dyspareunia? 9 9 answer to the question is no and A. Right. 10 he doesn't want an explanation you 10 Q. And you confirmed that and 11 don't have to give it. So if he 11 said that was correct, right? asks, is this correct and if you 12 12 Right. Α. 13 disagree, you can say no. And if 13 MR. ISMAIL: Improper use of he wants an explanation, he'll ask 14 14 a deposition. 15 15 for it. Please wait. 16 MR. SLATER: I move to 16 BY MR. SLATER: 17 strike that response. 17 O. The next question, now we're 18 BY MR. SLATER: 18 on Page 174. 19 Q. Doctor, what I'd like to do 19 Question: So 21 out of 41 it go to Page 173 of your deposition, 20 reported dyspareunia on the 20 21 please. 21 questionnaires, correct? 22 22 MR. ISMAIL: Same. Okay. Α. 23 And what we're going to do 23 BY MR. SLATER: 24 is walk through -- do you remember at the 24 Q. And what was your answer?

MR. ISMAIL: Same objection.  THE WITNESS: That's Correct.  BY MR. SLATER: Q. Then I asked you: If you want to then eliminate the women who had dyspareunia at baseline because you're		,			
THE WITNESS: That's correct.  BY MR. SLATER: Q. Then I asked you: If you want to then eliminate the women who had dyspareunia at baseline because you're - rephrase. If you're trying to eliminate the women who had dyspareunia at baseline bethe women who had dyspareunia at baseline the women who had dyspareunia at baseline bethe women who had dyspareunia at baseline the women who had dyspareunia at baseline bethe women who had dyspareunia at baseline the women who had dyspareunia at baseline that women from both the numerator and the denominator, right?  And what was your answer?  And what was your answer  THE WITNESS: My answer was yes.  Q. Okay. Let's move on. A. For the record, that's incorrect.  MR. SLATER: WR. SLATER: WWhere is it again? Q. Now, I want to talk a little bit babut something that you wrote in a document to Ethicon. Let's mark this as Exhibit-8.  Will do the best we can.  Will do the best we can.  YOL Then the next question. Right. So it would be 01  And 11 minus 8 would be 33, correct? You answered, I questioned You: 13 and 31. 21 minus 8 equals 13 and 41 minus 8 equals 33, correct? You answered, I questioned Your answer, what did you Your answer to that Will do the best we can.  A Okay.  Q. Then I asked your answer?					Page 276
a sked you: 13 divided by 33? 13 divided by 33 is 39.4 percent. Will you agree to the diminate the women who had dyspareunia at baseline because you're — rephrase. If you're trying to eliminate the women who had dyspareunia at baseline because you're — rephrase. If you're trying to eliminate the women who had dyspareunia at baseline because you're trying to study de novo 11 dyspareunia, you would subtract those eight women from both the numerator and 13 the denominator, right?			_		
4 By MR. SLATER: 5 Q. Then I asked you: If you 6 want to then eliminate the women who had 7 dyspareunia at baseline because you're - 8 rephrase. If you're trying to eliminate 9 the women who had dyspareunia at baseline 9 the women who had dyspareunia at baseline 10 because you're trying to study de novo 11 dyspareunia, you would subtract those 12 eight women from both the numerator and 13 the denominator, right? 14 And what was your answer? 15 A. That's incorrect. 16 Q. I'm sorry, what did you say 17 under oath on November 13th, on Line 13? 18 A. Where is It again? 19 Q. Page 174, Line 13. 19 Q. Page 174, Line 13. 20 What was your answer to that 21 question: 22 A. That's correct. 23 Q. Then - 24 A. But that's incorrect. 24 A. But that's incorrect. 25 You answered. You said: 18 6 and 33? 26 A. But ininus 8 equals 13 27 and 41 minus 8 would be 33, correct? 28 you: 13 and 33. 21 minus 8 equals 13 29 and 41 minus 8 equals 33, correct? 40 Your answer, what did you 11 say? 11 Improper use of a deposition. 12 Improper use of a deposition. 13 Improper use of a deposition. 14 THE WITNESS: I said: I thin that's correct. Math is not my strong point. 15 Thin kithat's correct. 16 Q. Then Page 175, Line 13. 27 Q. Then Page 175, Line 13. 28 Q. Then Page 175, Line 13. 39 A dot thin that's correct. 40 Your answered. You said: 18 61 and 33? 61 And What was your answer? 62 A. And I answered, I questioned was provided to the plain to take a little of the provided that is not my strong point. 16 THE WITNESS: I said: I thin that's correct. Math is not my strong point. 17 BY MR. SLATER: 18 Y MR. SLATER: 19 Q. Then Page 175, Line 13. 20 Q. Actually, we'll come back to this. 21 VIDEO TECHNICIAN: Back on the record at 6:21 p.m. 22 Question: 13 - rephrase. 33 - 22 question: 14 repart the would be an article listed on the reliance.		THE WITNESS: That's			
5 Q. Then I asked you: If you want to then eliminate the women who had dyspareunia at baseline because you're - rephrase. If you're trying to eliminate the women who had dyspareunia at baseline because you're trying to study de novo the own who had dyspareunia at baseline because you're trying to study de novo dyspareunia, you would subtract those eight women from both the numerator and the denominator, right?  13 THE WITNESS: My answer was yes.  14 And what was your answer was eight women from both the numerator and the denominator, right?  15 A. That's incorrect.  16 Q. Then sorry, what did you say under oath on November 13th, on Line 13?  17 Under oath on November 13th, on Line 13?  18 A. Where is it again?  19 Q. Page 174, Line 13.  20 What was your answer to that you worte in a bit about something that you wrote in a bit about so			3		
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8 rephrase. If you're trying to eliminate 9 the women who had dyspareunia at baseline 10 because you're trying to study de novo 11 dyspareunia, you would subtract those 12 eight women from both the numerator and 13 the denominator, right? 14	7	dyspareunia at baseline because you're	7	MR. ISMAIL: Objection.	
because you're trying to study de novo dyspareunia, you would subtract those 2 eight women from both the numerator and the denominator, right?	8		8	Same objection.	
10 because you're trying to study de novo 2 dispareunia, you would subtract those 2 eight women from both the numerator and 3 the denominator, right? 4 And what was your answer? 5 A. That's incorrect. 6 Q. I'm sorry, what did you say 9 under oath on November 13th, on Line 13? 10 Q. Page 174, Line 13. 11 Q. Page 174, Line 13. 12 Q. What was your answer to that 13 document to Ethicon. Let's mark this as 14 under oath on November 13th, on Line 13? 15 A. That's correct. 16 Q. Page 174, Line 13. 17 Q. Now, I want to talk a little 18 A. Where is it again? 18 bit about something that you wrote in a 19 Q. Page 174, Line 13. 19 Q. Page 174, Line 13. 20 What was your answer to that 21 question? 22 A. That's correct. 23 Q. Then 23 Q. Then 23 Q. Then 24 A. But that's incorrect. 24 Was marked for identification.) 25 Was marked for identification. 26 Was marked for identification. 27 And I answered, I questioned 28 you: 13 and 33. 21 minus 8 equals 13 29 and 41 minus 8 equals 33, correct? 30 You answered, Vou said: 18 31 you answered, I questioned 32 you: 13 and 33. 21 minus 8 equals 13 33 and 41 minus 8 equals 33, correct? 34 you: 13 and 33. 21 minus 8 equals 13 35 and 41 minus 8 equals 13 36 and 41 minus 8 equals 33, correct? 37 And I answered, I questioned 38 you: 13 and 33. 21 minus 8 equals 13 39 and 41 minus 8 equals 33, correct? 40 You ranswer, what did you 41 say? 41 SWR. SLATER: 42 Was taken.) 43 Whereupon, a brief recess 44 the record at 6:21 p.m. 45 Whereupon and the proper use of a deposition. 46 The WiThSSs. I said: I 47 The WITHSSs. I said: I 48 Was SLATER: 49 With and the record at 6:21 p.m. 40 Whereupon and the proper use of a deposition. 41 The WITHSSs. I said: I 41 The WITHSSs. I said: I 42 With the best we can. 41 The WITHSSs. I said: I 43 Was staken.) 44 The WiThSss. I said: I 45 Was staken.) 45 Was staken.) 46 Whereupon, a brief recess 47 With the feliance list in your report. 48 Was staken.) 49 With the best we can. 49 With the best we can. 40 Whereupon and the feliance list in your report. 40	9	the women who had dyspareunia at baseline	9	THE WITNESS: My answer was	
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	Page 278			Page 280
1	Q. What I want to do sorry?	1	Q. The increasing number of	
2	Start over.	2	inserted meshes for pelvic organ prolapse	
3	MR. SLATER: Were you able	3	raises concerns. Mesh is successfully	
4	to hear?	4	used for repair of prolapse, but when	
5	VIDEO TECHNICIAN: Yes.	5	complications arise they may be severe in	
6	BY MR. SLATER:	6	nature and result in a decrease in	
7	Q. We'll start over with this	7	quality of life. New meshes are	
8	document.	8	introduced into clinical practice despite	
9	Doctor, I've given you what	9	the lack of proper studies showing their	
10	we marked as PLT 1095. This is an	10	safety and effectiveness. Moreover, the	
11	article by several people, including	11	use of easy-to-do mesh kits lowers the	
12	Mariella Withagen, who is an Ethicon	12	threshold for inexperienced surgeons to	
13	consultant that studied the PROLIFT®.	13	start operating with meshes. This can	
14	You know that, right?	14	only lead to more complications which is	
15	A. Yes.	15	harmful for the patients.	
16		16	<u>.</u>	
	Q. And she's evaluating here a	17	Do you agree with that statement?	
17	comparison of outcomes for various women			
18 19	with mesh surgery, including PROLIFTs®,	18	MR. ISMAIL: Objection.	
	correct?	19	THE WITNESS: No.	
20	A. It looks like that, yes.	20	BY MR. SLATER:	
21	Q. And what I want to do is	21	Q. Doctor, I'd like to bring	
22	turn to a couple specific things in here.	22	your attention now to PLT 1095, which I	
23	One of them is on Page 1402. 1-4-0-2,	23	believe you have in front of you.	
24	the numbers are in the top left.	24	A. This one?	- 1
1	Page 270			Daga 201
	Page 279	1	O Vec	Page 281
1	A. Sorry. Top left.	1	Q. Yes.	Page 281
2	<ul><li>A. Sorry. Top left.</li><li>Q. Doctor, in the interest of</li></ul>	2	A. Okay.	Page 281
2 3	A. Sorry. Top left. Q. Doctor, in the interest of time, I'm going to ask you a new	2	A. Okay. Q. And this is an article that	Page 281
2 3 4	A. Sorry. Top left. Q. Doctor, in the interest of time, I'm going to ask you a new question.	2 3 4	A. Okay. Q. And this is an article that Dr. Elliott, who testified as an expert	Page 281
2 3 4 5	A. Sorry. Top left. Q. Doctor, in the interest of time, I'm going to ask you a new question.  Doctor, please look at the	2 3 4 5	A. Okay. Q. And this is an article that Dr. Elliott, who testified as an expert in this case, identified as being an	Page 281
2 3 4 5 6	A. Sorry. Top left. Q. Doctor, in the interest of time, I'm going to ask you a new question.  Doctor, please look at the conclusion at the end of the article.	2 3 4 5 6	A. Okay. Q. And this is an article that Dr. Elliott, who testified as an expert in this case, identified as being an authoritative article in the medical	Page 281
2 3 4 5 6 7	A. Sorry. Top left. Q. Doctor, in the interest of time, I'm going to ask you a new question.  Doctor, please look at the conclusion at the end of the article. A. Okay.	2 3 4 5 6 7	A. Okay. Q. And this is an article that Dr. Elliott, who testified as an expert in this case, identified as being an authoritative article in the medical literature.	Page 281
2 3 4 5 6 7 8	A. Sorry. Top left. Q. Doctor, in the interest of time, I'm going to ask you a new question.  Doctor, please look at the conclusion at the end of the article. A. Okay. Q. And, let me just in case	2 3 4 5 6 7 8	A. Okay. Q. And this is an article that Dr. Elliott, who testified as an expert in this case, identified as being an authoritative article in the medical literature. I'd like to represent that	Page 281
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Sorry. Top left. Q. Doctor, in the interest of time, I'm going to ask you a new question.  Doctor, please look at the conclusion at the end of the article. A. Okay. Q. And, let me just in case you're not aware, this article was identified by Dr. Elliott, one of the experts who testified, as authoritative and medically reliable.  Are you aware of that?  MR. ISMAIL: Objection.  Lack of foundation.  THE WITNESS: I don't remember what he testified was authoritative or reliable.  BY MR. SLATER: Q. I'm going to start over. Doctor, I want to ask you a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Okay. Q. And this is an article that Dr. Elliott, who testified as an expert in this case, identified as being an authoritative article in the medical literature.         I'd like to represent that to you, okay?         A. Okay.         Q. And if you look at the last page where the conclusion is?         A. Okay.         Q. The very bottom paragraph at the bottom of the conclusion in the left column, do you see, The increasing number? Do you see that phrase?         And if you read that over to the next page, do you see the statement that I just read to you?         A. I do.	Page 281

1 Q. And this is an article 2 written by Mariella Withagen and other 3 doctors with regard to the PROLIFT® and 4 other products, correct? 5 A. That's correct. 6 Q. And you know Mariella 7 Withagen is an investigator who has 8 studied the PROLIFT® extensively, 9 correct? 9 correct? 1 Q. In fact, she is one of the 11 Q. In fact, she is one of the 12 authors of one of those randomized 13 control trials you relied on earlier, 14 correct? 15 A. That's correct. 16 Q. And you know that trial, 17 because in that trial she found a 17 18 percent exposure rate with PROLIFT®, 19 correct? 20 A. A That's correct. 21 Q. And in the end of that 22 article, she is one of the 23 article with rely on any Ethicon internal 24 would the rely on any Ethicon internal 25 you idn't rely on any Ethicon internal 26 you idn't rely on any Ethicon internal 27 you idn't rely on any Ethicon internal 28 A. That's correct. 10 A. That's correct. 11 Q. In fact, she is one of the 12 authors of one of those randomized 12 control trials you relied on earlier, 13 MR. ISMAIL: Objection. 14 trial she found a 17 15 A. That's correct. 16 Q. And you know that trial, 17 because in that trial she found a 17 18 percent exposure rate with PROLIFT®, 19 correct? 20 A. That's correct. 21 Q. And in the end of that 22 article, she she actually concluded that the 23 PROLIFT® should only be used for, in most 24 cases, recurrent prolapse where someone  Page 283  1 already had a surgical procedure and it 2 happened again? She said that, too, at 3 the end, correct? 4 MR. ISMAIL: Objection. 5 Lack of foundation. 6 THE WITNESS: I don't 7 remember what she concluded. 8 PY MR. SIATER: 9 Q. Doctor, I'm going to hand 9 you now Exhibit-750. 10 This is a document produced 11 trial, February 2nd, 2006. 11 The WITNESS: I don't 12 Do you see that? 13 MR. ISMAIL: Objection. 14 trial, February 2nd, 2006. 15 Do you see that? 16 A. I see that. 17 Q. And you see the people who 18 attended included Dr. Lucente? 19 A. Uh-huh. 19 MR. ISMAIL: Objection. 10 You now Exhibit-750. 11 This is a				
2 written by Mariella Withagen and other dottors with regard to the PROLIFT® and of the products, correct?  5 A. That's correct.  6 Q. And you know Mariella studied the PROLIFT® who has studied the PROLIFT® who has studied the PROLIFT® with state or or of those randomized correct?  10 A. That's correct. 11 Q. In fact, she is one of the authors of one of those randomized correct? 12 control trials you reited on earlier, 13 correct trials you reited on earlier, 14 correct. 15 A. That's correct. 16 Q. And you know that trial, 17 because in that trial she found a 17 percent exposure rate with PROLIFT®, 18 would be Vince Lucente, right?  20 A. That's correct. 21 Q. And in the end of that 22 article, she actually concluded that the 23 PROLIFT® should only be used for, in most 24 cases, recurrent prolapse where someone  1 already had a surgical procedure and it happened again? She said that, too, at 18 mappened again? She said that, too, at 29 may be the proper what she concluded.  8 BY MR. SLATER: 9 Q. Doctor, I'm going to hand 19 you now Exhibit-750. 15 Do you see that?  1 This is a document produced 19 pt this proper what she concluded trial, February 2nd, 2006. Do you see that?  1 A I see that. 17 Q. And you see the people who attended included Dr. Lucente? 19 A. Uh-hub. 19 procedure and it 17 procedure and it 17 procedure and it 18 procedure and it 18 procedure and it 19 procedure and				Page 284
doctors with regard to the PROLIFT® and of ther products, correct?  A. That's correct.  Q. And you know Mariella your didn't rely on any Ethicon internal you didn't rely on any Ethicon internal your didn't relation. The with his didn't relation internal your didn't relation internal your didn't relation. The will be relation.  1 already had a surgical procedure and it the relation internal your didn't relation. The will be relation. The word of that your relation. The word of the wou	1	<b>u</b>	1	page now, certainly, this is not an
4 A. No. 6 Q. And you know Mariella 7 Withagen is an investigator who has 8 studied the PROLIFT® extensively, 9 correct? 9 Q. On Page 2 of this document, 10 A. That's correct. 11 Q. In fact, she is one of the 12 authors of one of those randomized 13 control trials you relied on earlier, 14 correct? 15 A. That's correct. 16 Q. And you know that trial, 17 because in that trial she found a 17 18 percent exposure rate with PROLIFT®, 19 correct? 20 A. That's correct. 21 Q. And in the end of that 22 article, she actually concluded that the 23 PROLIFT® should only be used for, in most 24 cases, recurrent prolapse where someone  1 already had a surgical procedure and it 2 happened again? She said that, too, at 3 the end, correct? 4 MR. ISMAIL: Objection. 5 Lack of foundation. 5 Lack of foundation. 6 THE WITINESS: I don't 7 remember what she concluded. 8 BY MR. SLATER: 9 Q. Doctor, I'm going to hand 10 you now Exhibit-750. 10 And you see that? 11 This is a document produced 12 by Ethicon regarding a meeting regarding 13 a potential PROLIFT® randomized control 14 trial, February 2nd, 2006. 15 Do you see that? 16 A. Isee that. 17 Q. And you see the people who 18 AL That's correct. 19 A. Uh-huh. 19 WMR. SLATER: 19 Q. Mad in the end of that 20 MR. ISMAIL: Objection. 21 Lack of foundation. 22 BY MR. SLATER: 23 Q. Were you aware, when you 24 trial, February 2nd, 2006. 25 MR. ISMAIL: Objection. 26 Lack of foundation. 27 Were you aware, when you 28 WR. SLATER: 9 Q. Doctor, I'm going to hand 19 you now Exhibit-750. 10 Were you ware, when you 29 And it says, VL — that 21 The WITINESS: I don't 21 Tennessee woman. The device appeared to 24 two weeks post surgery. Returning for 25 surgery to deal with a bad PROLIFT® will 26 be a disaster. 27 Do you see that? 28 MR. ISMAIL: Objection. 29 Were you aware, when you 20 And it says, VL — that 21 Tennessee woman. The device appeared to 22 by Ethicon regarding a meeting regarding a potential prolIciff® in the propertion of the propertion of the propertion of the propertion of the propertion		•		article this is not a document you've
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7 Withagen is an investigator who has studied the PROLIFT® extensively, correct?   9   Q. On Page 2 of this document, there's a heading, Recent Problem With   11   PROLIFT®   12   Do you see that?   12   Do you see that?   13   Control trials you relied on earlier,   13   MR, ISMAIL: Objection.   14   Lack of foundation.   15   A. That's correct.   15   A. That's correct.   15   A. That's correct.   15   A. That's correct.   15   Do you see that?   Name of the proceeding o			5	,
8 studied the PROLIFT® extensively, correct? 10 A. That's correct. 11 Q. In fact, she is one of the 2 authors of one of those randomized 2 authors of one of those randomized 2 control trials you relied on earlier, 2 3 control trials you relied on earlier, 3 4. That's correct. 14 correct? 14 Correct? 15 A. That's correct. 15 A. That's correct. 15 A. That's correct. 15 A. That's correct. 16 Q. And you know that trial, 16 By MR. ISMAIL: Objection. 17 Correct? 19 A. That's correct. 17 Correct? 19 A. That's correct. 18 would be Vince Lucente, right? 19 Correct? 19 A. I'm assuming so. 19 MR. ISMAIL: Objection. 19 Correct? 19 A. I'm assuming so. 19 Correct? 19 Correct. 19 Cor	6		6	you didn't rely on any Ethicon internal
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		Page 286			Page 288
1	aware of that.		1	Q. Do you see that?	
2	But removing or undoing any		2	MR. ISMAIL: Objection.	
3	procedure, whether or not there's		3	Lack of foundation.	
4	mesh there or not, is a difficult		4	THE WITNESS: Can you ask	
5	thing to do.		5	the question again?	
6	MR. SLATER: Move to strike		6	BY MR. SLATER:	
7	from "but" forward.		7	Q. Sure.	
8	BY MR. SLATER:		8	In this e-mail, you'll see	
9	Q. I don't want to generalize.		9	in the middle of the page, Scott Jones	
10	A. That's not a generalization,		10	wrote to Fah Che Leong regarding setting	
11	that's a qualification.		11	up a professional education event at St.	
12			12	Louis University to train doctors on the	
13	- · · · · · · · · · · · · · · · · · · ·		13	PROLIFT®.	
	question. I was just saying, I don't			_	
14	want to generalize. I'm trying to just		14	Do you see that?	
15	ask you about this document and the		15	MR. ISMAIL: Objection.	
16	language in this document, okay, Doctor?		16	Lack of foundation.	
17	A. Okay.		17	THE WITNESS: Yes, I see	
18	Q. This document says that,		18	that.	
19	Returning for surgery to deal with a bad		19	BY MR. SLATER:	
20	PROLIFT® will be a disaster.		20	Q. And Dr. Leong writes back to	
21	That's what Vince Lucente		21	Scott Jones, and let's read together at	
22	told Ethicon according to this document?		22	the top.	
23	Do you see that?		23	He writes back to Scott	
24	MR. ISMAIL: Objection.		24	Jones and says, I am currently involved	
		Page 287			Page 289
1	Lack of foundation. Hearsay.	Page 287	1	in getting a patient to the operating	Page 289
2	Lack of foundation. Hearsay. THE WITNESS: Yes, I see	Page 287	2	in getting a patient to the operating room who had an anterior and posterior	Page 289
	•	Page 287			
2	THE WITNESS: Yes, I see	Page 287	2	room who had an anterior and posterior	
2	THE WITNESS: Yes, I see that. BY MR. SLATER:	Page 287	2	room who had an anterior and posterior PROLIFT® implanted by another physician She will likely lose any coital function,	
2 3 4 5	THE WITNESS: Yes, I see that. BY MR. SLATER: Q. Does that have any impact on	Page 287	2 3 4	room who had an anterior and posterior PROLIFT® implanted by another physician She will likely lose any coital function, as her vaginal length is now 3	
2 3 4	THE WITNESS: Yes, I see that. BY MR. SLATER: Q. Does that have any impact on any of your opinions in this case?	Page 287	2 3 4 5	room who had an anterior and posterior PROLIFT® implanted by another physician She will likely lose any coital function, as her vaginal length is now 3 centimeters and there is mesh extruding	
2 3 4 5 6 7	THE WITNESS: Yes, I see that.  BY MR. SLATER: Q. Does that have any impact on any of your opinions in this case? A. No.	Page 287	2 3 4 5 6 7	room who had an anterior and posterior PROLIFT® implanted by another physician She will likely lose any coital function, as her vaginal length is now 3 centimeters and there is mesh extruding literally everywhere. Also, there is a	
2 3 4 5 6 7 8	THE WITNESS: Yes, I see that.  BY MR. SLATER: Q. Does that have any impact on any of your opinions in this case? A. No. Q. Doctor, I've handed you an	Page 287	2 3 4 5 6	room who had an anterior and posterior PROLIFT® implanted by another physician She will likely lose any coital function, as her vaginal length is now 3 centimeters and there is mesh extruding literally everywhere. Also, there is a large stone in the bladder from a bladder	
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		Page 290			Page 292
1	Q. That doesn't impact on your		1	THE WITNESS: I see that.	
2	opinions at all, seeing this document,		2	BY MR. SLATER:	
3	right?		3	Q. Did you know that in Ethicon	
4	A. No. Isolated case reports,		4	the medical affairs department and,	
5	as I identified on when you're		5	certainly David Robinson, in this e-mail,	
6	evaluating levels of evidence, are less		6	decided they don't want to do a	
7	reliable in formulating overall opinions		7	registry and you know what a registry	
8	about how whatever it is that you're		8	is, right?	
9	evaluating performs in the population.		9	A. I do.	
10			10		
	Q. Do you know whether Ethicon,			Q. That's where you try to	
11	the doctors who work in medical affairs,		11	track all patients that get the product,	
12	whose business it is to evaluate these		12	right?	
13	types of reports, whether they think		13	A. Right.	
14	these types of reports are valuable?		14	Q. And he says, If we do that,	
15	MR. ISMAIL: Objection.		15	our complication data may be increasingly	
16	THE WITNESS: I don't know		16	accurate, but it's going to look worse	
17	that.		17	against our competitors because they're	
18	BY MR. SLATER:		18	not tracking all the cases	
19	Q. Doctor, I've handed you what		19	MR. ISMAIL: Objection.	
20	we marked as Exhibit P-596, and it's a		20	BY MR. SLATER:	
21	set of e-mails within the company.		21	Q that's what he's talking	
22	And the one at the top is		22	about there?	
23	from David Robinson, who I will tell you		23	Do you see that?	
24	is a medical affairs director, he was at		24	MR. ISMAIL: Objection.	
- '	is a medical analis all ector, he was at			riid 151 ii de le objection.	
		Page 291			Page 293
1	Ethicon.	Page 291	1	Lack of foundation.	Page 293
		Page 291		Lack of foundation.  THE WITNESS: I see that.	Page 293
2	And this is in July of 2006,	Page 291	2	THE WITNESS: I see that.	Page 293
2 3	And this is in July of 2006, okay?	Page 291	2	THE WITNESS: I see that. BY MR. SLATER:	Page 293
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1 .		Page 294			Page 296
1	A. No.		1	repair? That's what it says in this	
2	Q. Well, what I'd like to do		2	Ethicon document, correct?	
3	show you this, there's a PowerPoint		3	MR. ISMAIL: Objection.	
4	attached, Pelvic Organ Prolapse Condition		4	Lack of foundation.	
5	Business Team Meeting, October 14, 2011.		5	THE WITNESS: Yes.	
6	Do you see that?		6	BY MR. SLATER:	
7	A. I see that.		7	Q. That is not something you	
8	Q. And now what I'd like to do		8	knew that Ethicon internally had a	
9	is turn to the page that is numbered 39.		9	document which said that? You didn't	
10	A. Okay.		10	know that before right now, right?	
11	Q. And do you see at the top it		11	MR. ISMAIL: Objection.	
12	says, There are different patient needs		12	Lack of foundation.	
13	that must be considered before a surgical		13	THE WITNESS: I did not.	
14	procedure is recommended?		14	BY MR. SLATER:	
15	Do you see that?		15	Q. Am I correct that has no	
16	MR. ISMAIL: Lack of		16	impact on any opinion in this case,	
17	foundation.		17	regardless of whether Ethicon thought it	
18	THE WITNESS: Yes, I do.		18	or not?	
19	BY MR. SLATER:		19	A. On my opinions, no.	
20	Q. And if you go around, you'll		20	Q. Okay. Now, I'll give you	
21	see that there's different types of		21	Exhibit what we've marked as 8.	
22	patients in these black circles.		22	This is a series of e-mails	
23	And the one in the top left		23	within Ethicon in January of 2005,	
24	says, Young patient, aged 30 to 55?		24	about under two months before the	
,	De veu ees that?	Page 295			Page 297
1			4	DDOLITTOand an the manufact	
	Do you see that?		1	PROLIFT® went on the market.	
2	A. Yes, I do.		2	You never have seen this,	
2 3	A. Yes, I do. MR. ISMAIL: Lack of		2	You never have seen this, right?	
2 3 4	A. Yes, I do. MR. ISMAIL: Lack of foundation.		2 3 4	You never have seen this, right?  A. No.	
2 3 4 5	A. Yes, I do. MR. ISMAIL: Lack of foundation. BY MR. SLATER:		2 3 4 5	You never have seen this, right?  A. No. Q. At the bottom of the first	
2 3 4 5 6	A. Yes, I do. MR. ISMAIL: Lack of foundation. BY MR. SLATER: Q. And it says, Considerations,		2 3 4 5 6	You never have seen this, right?  A. No. Q. At the bottom of the first page, there's an e-mail from Gene	
2 3 4 5 6 7	A. Yes, I do. MR. ISMAIL: Lack of foundation. BY MR. SLATER: Q. And it says, Considerations, maintain sexual function.		2 3 4 5 6 7	You never have seen this, right?  A. No. Q. At the bottom of the first page, there's an e-mail from Gene Kammerer to Paul Parisi and some other	
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2 3 4 5 6 7 8	A. Yes, I do. MR. ISMAIL: Lack of foundation. BY MR. SLATER: Q. And it says, Considerations, maintain sexual function. So that's a consideration for a young women aged 30 to 55, right?		2 3 4 5 6 7 8 9	You never have seen this, right?  A. No. Q. At the bottom of the first page, there's an e-mail from Gene Kammerer to Paul Parisi and some other people.  Do you see that? January	
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes, I do. MR. ISMAIL: Lack of foundation. BY MR. SLATER: Q. And it says, Considerations, maintain sexual function. So that's a consideration for a young women aged 30 to 55, right? MR. ISMAIL: Objection. Lack of foundation. THE WITNESS: Yes. BY MR. SLATER: Q. And if a woman is sexually active and she's within the age range of 30 to 55, an important consideration is maintaining sexual function, correct? MR. ISMAIL: Same objection. THE WITNESS: That's correct. BY MR. SLATER:		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	You never have seen this, right?  A. No. Q. At the bottom of the first page, there's an e-mail from Gene Kammerer to Paul Parisi and some other people.  Do you see that? January 18, 2005?  MR. ISMAIL: Objection. Lack of foundation. THE WITNESS: Gene Kammerer to Kelly Brown, is that what you said?  BY MR. SLATER: Q. Exactly. Exactly. A. Okay. Q. Do you know who Gene Kammerer is? A. I don't.	

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	Pa	age 298		Page 300
1	Italian gynecologist.		1	I want to stop there.
2	Do you see that?		2	Do you have any idea what
3	MR. ISMAIL: Objection.		3	Ethicon's thoughts were on that subject?
4	Lack of foundation. Hearsay.		4	<ul> <li>A. On inflammation, foreign</li> </ul>
5	THE WITNESS: Yes.		5	body response and scar formation? No.
6	BY MR. SLATER:		6	Q. Further down, Gene Kammerer
7	Q. And he then says that there		7	says that he's suggesting, As an
8	were some important points made by Dr.		8	interim step to reduce erosion and
9	Cervigni, and he lists them and numbers		9	contraction, I am suggesting we market
10	them.		10	this mesh and he named it as ULTRAPRO®
11	And I want to focus on the		11	Mesh, just above there, for pelvic floor
12	second box, or Number 2. All right? Are		12	repair.
13	you with me?		13	Do you see that?
14	MR. ISMAIL: Objection.		14	MR. ISMAIL: Objection.
15	Lack of foundation. Hearsay.		15	Lack of foundation.
16	THE WITNESS: I'm with you.		16	THE WITNESS: Yes.
17	BY MR. SLATER:		17	BY MR. SLATER:
18	Q. All right. Thanks. It		18	Q. Did you know that within
19	says, Faster tissue repair would prevent		19	Ethicon, just before the PROLIFT® went on
20	complications of erosion and dyspareunia,		20	the market, that they were discussing the
21	the latter generally caused by scar		21	possibility of marketing a different mesh
22	contraction. Contraction pulls against		22	that would reduce erosion and
23	the side wall and causes pain. It causes		23	contraction?
24	a hard issue, which can be felt by		24	MR. ISMAIL: Objection.
	a hara issue, which can be felt by		- '	int is in the objection.
	Pa	age 299		Page 301
1	patient and sexual partner. It can lead		1	Lack of foundation.
2	to a balling up of the mesh which is very		2	BY MR. SLATER:
3	uncomfortable.		3	Q. Did you know Ethicon was
4	Are you reading along with		4	talking about that?
5	me, Doctor?		5	A. I didn't.
6	MR. ISMAIL: Same		6	Q. Is that of any significance
7	objections.		7	to you?
8	THE WITNESS: I'm reading		8	A. No.
9	along.		9	Q. If you go to the top of the
10	BY MR. SLATER:		10	exhibit on the front page, Kelly Brown
11	Q. First of all, do you agree		11	responds to that e-mail and says, at the
12	that when there's mesh contraction, the		12	bottom of that, I am always pleased to
13	mesh can ball up and can be very		13	learn of the commonalities in surgeons'
14	uncomfortable for the woman who has that		14	observations. Many of the points that
15	inside her body?		15	Professor Cervigni mentioned have been
16	A. No.		16	voiced by other surgeons, which gives me
17	Q. If you look to the		17	a degree of confidence in considering
18	continuation of this e-mail, on the next		18	these issues in our innovative efforts.
			19	Does that have any impact on
114	page. Gene Kammerer actitativ stinnests in			
19 20	page, Gene Kammerer actually suggests, in the last section, on Number 5, the very		20	your opinion that Ethicon internally was
20	the last section, on Number 5, the very		20 21	your opinion that Ethicon internally was getting this information from multiple
20 21	the last section, on Number 5, the very top of the page, He confirmed our		21	getting this information from multiple
20 21 22	the last section, on Number 5, the very top of the page, He confirmed our thoughts regarding the correlation		21 22	getting this information from multiple surgeons?
20 21	the last section, on Number 5, the very top of the page, He confirmed our		21	getting this information from multiple

Page 302 Page 304 1 BY MR. SLATER: Transvaginal Mesh Technique for Pelvic 2 2 Organ Prolapse, Mesh Exposure Management Q. About the contraction and 3 3 the foreign body response? and Risk Factors. 4 4 Α. No. Do you see that? 5 Doctor, I want to ask you a 5 A. I see that. Q. 6 question about whether or not you agree 6 O. And you know who Dr. Cosson with a statement. And assume the 7 is? He's one of the inventors of the 7 8 8 statement is being made in about 2005 --PROLIFT® and the TVM procedures, correct? 9 9 in 2005, okay? A. Correct. Q. I'll represent to you this 10 A. Okay. 10 article was found to be were 11 Q. We can only advise that 11 12 caution be exercised when carrying out 12 authoritative and medically reliable by this new surgical procedure -- and I'm Dr. Elliott, our expert, and he testified 13 13 talking about the PROLIFT® procedure. to that during our case, okay? 14 14 15 A. Okay. 15 A. Okay. Q. -- in fact, experimental 16 Q. And if you look at the last 16 studies and clinical trials seem page, in the conclusion, the last 17 17 18 necessary in order to reduce the level of paragraph, it says, We can only advise 18 exposure to less than 5 percent of cases. 19 that caution be exercised when carrying 19 20 Do you agree with that 20 out this new surgical procedure. In 21 statement? 21 fact, experimental studies and clinical 22 trials seem necessary in order to reduce 22 A. In order to expose -- repeat 23 23 the level of exposure to less than 5 that again. 24 Q. In order to reduce the level 24 percent of cases. Page 303 Page 305 of exposure to less than 5 percent of 1 Having seen that now and 1 2 2 knowing it's Dr. Cosson that says it, do cases. 3 3 Do you agree that the you agree with that statement? 4 PROLIFT® should have been, on an 4 A. I lost you. I'm on the last 5 experimental basis -- only used on an 5 page, under -- in the section where it 6 experimental basis in clinical trials 6 says conclusion. Are you in the first or 7 until the overall exposure rate could be 7 second paragraph? brought under 5 percent? 8 8 Q. The second paragraph. The 9 9 beginning. You can read it. MR. ISMAIL: Objection. Mischaracterizes the document that 10 A. Okay. 10 11 vou're reading from. Oh, they're not talking 11 about exposure to the PROLIFT®. They're 12 THE WITNESS: The exposure 12 13 rate to the PROLIFT® procedure? 13 talking about mesh erosion. O. He's talking -- if you want 14 BY MR. SLATER: 14 15 to look at the article, he's not talking 15 Right. Q. 16 No. 16 about the TVM procedure that became the A. 17 Doctor, I want to hand you 17 PROLIFT®? what we marked as PLT 108. A. It doesn't seem like it. 18 18 19 Doctor, PLT 108 is an 19 Because he says in the next sentence, article written by several authors, With this particular study, we show that 20 20 this level is below 1 percent when the 21 including Dr. Cosson. 21 22 Do you see that? 22 uterus is preserved. 23 Yes. 23 MR. SLATER: Move to strike. 24 It's dated in 2005, titled, 24 BY MR. SLATER:

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	Page 306		Page 308
1	Q. Doctor, if you want to look	1	PROLENE® recently used by several authors
2	through the article, you can see that	2	does not appear to fulfill expectations.
3	they're talking about the TVM procedure.	3	Do you agree with that
4	A. So in the abstract it says,	4	statement?
5	Prosthetic reinforcement in the surgical	5	A. No. I don't even know what
6	repair of pelvic prolapse by the vaginal	6	the expectations were.
7	approach is not devoid of tolerability	7	Q. Would you agree that as of
8	related problems such as vaginal erosion.	8	2006, Dr. Cosson and others in his group
9	The purposes of our study are to define	9	still had reservations about the
10	the risk factors for exposure of the mesh	10	widespread use of synthetic meshes?
11	material, to describe advances and to	11	MR. ISMAIL: Objection.
12	recommend a therapeutic strategy.	12	Lack of foundation.
13	So they're talking about	13	THE WITNESS: No.
14	· · · · · · · · · · · · · · · · · · ·	14	BY MR. SLATER:
15	mesh erosion, not exposure to the PROLIFT® procedure.	15	Q. Doctor, I've handed you what
	·		· , , , , , , , , , , , , , , , , , , ,
16	Q. If you look through this,	16	we marked as PLT 0139. And I'll
17	you'll see they actually have diagrams	17	represent to you this is an article that
18	that show the TVM technique. For	18	Dr. Elliott testified earlier in the case
19	example, on the third page of the	19	is an authoritative article, okay?
20	article, it shows what a total PROLIFT®	20	A. Okay.
21	looks like.	21	Q. Have you seen this article
22	Do you see that?	22	before?
23	A. Yes.	23	A. It's in French, so probably
24	Q. This article is about the	24	not.
	2 222		
1	Page 307	1	Page 309
1	TVM technique, isn't it?	1	Q. If you turn to the second
2	TVM technique, isn't it?  A. Yes.	2	Q. If you turn to the second page, you'll see there's an abstract and
2	TVM technique, isn't it? A. Yes. Q. Just very simply, do you	2	Q. If you turn to the second page, you'll see there's an abstract and a summary in English.
2 3 4	TVM technique, isn't it? A. Yes. Q. Just very simply, do you agree or disagree with Dr. Cosson that as	2 3 4	Q. If you turn to the second page, you'll see there's an abstract and a summary in English. A. Okay.
2 3 4 5	TVM technique, isn't it? A. Yes. Q. Just very simply, do you agree or disagree with Dr. Cosson that as of 2005, the procedure should have been	2 3 4 5	Q. If you turn to the second page, you'll see there's an abstract and a summary in English. A. Okay. Q. You've never seen this?
2 3 4 5 6	TVM technique, isn't it?  A. Yes. Q. Just very simply, do you agree or disagree with Dr. Cosson that as of 2005, the procedure should have been deemed experimental?	2 3 4 5 6	Q. If you turn to the second page, you'll see there's an abstract and a summary in English. A. Okay. Q. You've never seen this? No? You're just shaking
2 3 4 5 6 7	TVM technique, isn't it?  A. Yes. Q. Just very simply, do you agree or disagree with Dr. Cosson that as of 2005, the procedure should have been deemed experimental?  MR. ISMAIL: Completely	2 3 4 5 6 7	Q. If you turn to the second page, you'll see there's an abstract and a summary in English. A. Okay. Q. You've never seen this? No? You're just shaking your head. I'm sorry. You have to
2 3 4 5 6 7 8	TVM technique, isn't it?  A. Yes. Q. Just very simply, do you agree or disagree with Dr. Cosson that as of 2005, the procedure should have been deemed experimental?  MR. ISMAIL: Completely mischaracterizes the document.	2 3 4 5 6 7 8	Q. If you turn to the second page, you'll see there's an abstract and a summary in English. A. Okay. Q. You've never seen this? No? You're just shaking your head. I'm sorry. You have to A. I'm sorry. Say that again.
2 3 4 5 6 7 8	TVM technique, isn't it?  A. Yes. Q. Just very simply, do you agree or disagree with Dr. Cosson that as of 2005, the procedure should have been deemed experimental?  MR. ISMAIL: Completely mischaracterizes the document.  THE WITNESS: No.	2 3 4 5 6 7 8 9	Q. If you turn to the second page, you'll see there's an abstract and a summary in English. A. Okay. Q. You've never seen this? No? You're just shaking your head. I'm sorry. You have to A. I'm sorry. Say that again. Q. I'll start over.
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2 3 4 5 6 7 8 9 10 11 12	TVM technique, isn't it?  A. Yes. Q. Just very simply, do you agree or disagree with Dr. Cosson that as of 2005, the procedure should have been deemed experimental?  MR. ISMAIL: Completely mischaracterizes the document.  THE WITNESS: No. BY MR. SLATER: Q. One last question. Do you know that article	2 3 4 5 6 7 8 9 10 11 12	Q. If you turn to the second page, you'll see there's an abstract and a summary in English.  A. Okay. Q. You've never seen this? No? You're just shaking your head. I'm sorry. You have to A. I'm sorry. Say that again. Q. I'll start over. Doctor, have you seen this article before? A. I may have seen it. I've
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		Page 310		Page 312
1	A. Okay. When you say "halfway		1	A. He probably has more
2	down," the first paragraph? Second		2	knowledge about GYNEMESH®® than I do,
3	paragraph?		3	yes.
4	Q. Halfway down the summary,		4	MR. SLATER: Let's go off
5	right in the middle. As you go down to		5	the video for a second.
6	the middle, you'll see them talking about		6	VIDEO TECHNICIAN: Going off
7	erosion and dyspareunia and the rates of		7	the record at 6:48 p.m.
8	those complications.		8	
9	Do you see that?		9	(Whereupon, a brief recess
10	A. Yes, I see that.		10	was taken.)
11	Q. And do you see the sentence,		11	was taken.)
12	•			VIDEO TECHNICIAN: We're
	Proposed to improve these phenomenon,		12	
13	soft PROLENE® recently used by several		13	back on the record at 6:50 p.m.
14	authors does not appear to fulfill		14	BY MR. SLATER:
15	expectations.		15	Q. Doctor, you offered some
16	Do you see where I just		16	opinions earlier about some of the
17	read?		17	documents Ethicon used to provide
18	A. Yes, I see that.		18	information to doctors.
19	Q. Now, seeing that that was		19	Do you remember that?
20	written by Dr. Cosson, do you agree or		20	A. Yes.
21	disagree with that statement?		21	Q. With regard to the
22	MR. ISMAIL: Objection.		22	monograph, remember you were asked some
23	Lack of foundation.		23	questions about that?
24	THE WITNESS: Again, I don't		24	A. Yes.
		Page 311		Page 313
1	know what he means by "does not	Page 311	1	Q. Do you have any information
2	know what he means by "does not appear to fulfill expectations."	Page 311	2	
	•	Page 311		Q. Do you have any information
2	appear to fulfill expectations."	Page 311	2	Q. Do you have any information that shows that Dr. Baker saw the
2	appear to fulfill expectations." BY MR. SLATER:	Page 311	2	Q. Do you have any information that shows that Dr. Baker saw the monograph?
2 3 4	appear to fulfill expectations." BY MR. SLATER: Q. Further down, just about five lines from the bottom of the	Page 311	2 3 4	Q. Do you have any information that shows that Dr. Baker saw the monograph?  A. No. Q. How about the different
2 3 4 5	appear to fulfill expectations." BY MR. SLATER: Q. Further down, just about five lines from the bottom of the summary, he says, We still have	Page 311	2 3 4 5	Q. Do you have any information that shows that Dr. Baker saw the monograph?  A. No. Q. How about the different patient brochures and IFUs, you're not
2 3 4 5 6 7	appear to fulfill expectations." BY MR. SLATER: Q. Further down, just about five lines from the bottom of the summary, he says, We still have reservations about widespread use of	Page 311	2 3 4 5 6 7	Q. Do you have any information that shows that Dr. Baker saw the monograph?  A. No. Q. How about the different patient brochures and IFUs, you're not sure which he may have seen or which he
2 3 4 5 6 7 8	appear to fulfill expectations." BY MR. SLATER: Q. Further down, just about five lines from the bottom of the summary, he says, We still have reservations about widespread use of synthetic meshes.	Page 311	2 3 4 5 6 7 8	Q. Do you have any information that shows that Dr. Baker saw the monograph?  A. No. Q. How about the different patient brochures and IFUs, you're not sure which he may have seen or which he didn't, right?
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14 opinions you offered here today? 14 information indicating Dr. Baker ever saw	
15 A. No. What they think? No. 15 that document, right?	
16 Q. In essence, tell me if I'm 16 MR. ISMAIL: Asked and	
17 right, your warning opinions are based on 17 answered.	
18 your own evaluation of what information 18 THE WITNESS: That's	
19 you would need in your own medical 19 correct.	
20 practice; is that correct? 20 BY MR. SLATER:	
21 A. Me and my colleagues, not 21 Q. Do you have any information	
22 just me, but physicians in general. 22 as to which patient brochure Dr. Baker	
23 Q. Let's look at your 23 said he saw?	
24 deposition, Page 134; Page 134, Line 13. 24 MR. ISMAIL: Asked and	
21 deposition, rage 151, rage 151, line 15.	
Page 315	Page 317
1 I asked you: If I 1 answered.	rage 317
2 understand correctly, with regard to the 2 THE WITNESS: I don't.	
3 warning opinions, those are based on your 3 BY MR. SLATER:	
4 own evaluation of what information you  4 Q. You don't know what	
,	
, , , , , , , , , , , , , , , , , , ,	
6 correct statement? 6 Baker would have seen, correct?	
7 What answer did you give 7 A. I don't.	
8 under oath last month? 8 Q. Would you at least agree	
9 A. That's correct. 9 with me, regarding warnings, that Ethicon	
10 Q. So, again, your warning 10 needed to accurately warn about the risks	
11 opinions go to what you would personally 11 they knew?	
12 need in your own practice, correct? 12 A. No.	
13 A. Not just my practice, but 13 Q. They didn't need to	
14 the practice of my colleagues as well. 14 accurately warn about the risks they knew	
15 Q. Please look at Page 133, 15 existed with the PROLIFT®?	
16 Line 22. 16 A. When you're talking about	
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17 The question you were asked: 17 warning, there's a lot that goes into	
17 The question you were asked: 17 warning, there's a lot that goes into 18 In offering your opinions with regard to 18 deciding what to disclose and what not to	
17 The question you were asked: 18 In offering your opinions with regard to 19 whether the information provided in the 11 warning, there's a lot that goes into 12 deciding what to disclose and what not to 13 disclose. So my answer to that is no.	
17 The question you were asked: 18 In offering your opinions with regard to 19 whether the information provided in the 20 patient brochure was adequate, were you  17 warning, there's a lot that goes into 18 deciding what to disclose and what not to 19 disclose. So my answer to that is no. 20 Q. If Ethicon knew something to	
17 The question you were asked: 18 In offering your opinions with regard to 19 whether the information provided in the 20 patient brochure was adequate, were you 21 basing that upon your own evaluation of  17 warning, there's a lot that goes into 18 deciding what to disclose and what not to 19 disclose. So my answer to that is no. 20 Q. If Ethicon knew something to 21 be true withdrawn.	
17 The question you were asked: 18 In offering your opinions with regard to 19 whether the information provided in the 20 patient brochure was adequate, were you 21 basing that upon your own evaluation of 22 what information you would personally  17 warning, there's a lot that goes into 18 deciding what to disclose and what not to 19 disclose. So my answer to that is no. 20 Q. If Ethicon knew something to 21 be true withdrawn. 22 You testified, regarding the	
17 The question you were asked: 18 In offering your opinions with regard to 19 whether the information provided in the 20 patient brochure was adequate, were you 21 basing that upon your own evaluation of  17 warning, there's a lot that goes into 18 deciding what to disclose and what not to 19 disclose. So my answer to that is no. 20 Q. If Ethicon knew something to 21 be true withdrawn.	

	Pag	ge 318			Page 320
1	you think the warnings are adequate.		1	MR. ISMAIL: Objection.	
2	You said that, right?		2	THE WITNESS: I don't	
3	A. Yes.		3	remember that.	
4	Q. Did you see Dr. Baker's		4	BY MR. SLATER:	
5	testimony?		5	Q. Do you know, as you sit here	
6	A. I did.		6	now, why Dr. Baker stopped using the	
7	Q. Do you know the testimony		7	PROLIFT®?	
8	that was presented to the jury		8	A. I don't.	
9	A. When you're saying		9	Q. One of the things that you	
10	"testimony," you're talking about		10	told me previously is that you're	
	• • •		11	familiar with the literature of Dr.	
11	deposition?				
12	Q. Right. That was played to		12	Klinge? Remember you told me that when	
13	the jury in this case?		13	we met?	
14	A. I've read his deposition.		14	A. Yes.	
15	Q. Did you see that Dr. Baker		15	Q. And Dr. Klinge, are you	
16	said he didn't know all the risks and		16	aware, testified in this trial by video?	
17	didn't understand them, and when he		17	A. I am, yes.	
18	learned them he stopped using the		18	Q. Have you seen that	
19	PROLIFT®?		19	testimony?	
20	MR. ISMAIL: Objection.		20	A. I have.	
21	Lack of foundation.		21	Q. When did you see that?	
22	THE WITNESS: That wasn't		22	A. Oh, I don't remember. At	
23	what I got from his deposition.		23	some point in reviewing these materials,	
24	BY MR. SLATER:		24	I have seen his his testimony in this	
				Thave seen this this testimony in this	
	Pac	ae 319			Page 321
1		ge 319	1	trial you're saying?	Page 321
1 2	Q. Did you see where he said	ge 319	1 2	trial you're saying?	Page 321
2	Q. Did you see where he said that when he learned more about the pain	ge 319	2	Q. Right.	Page 321
2 3	Q. Did you see where he said that when he learned more about the pain and the erosions and things like that, he	ge 319	2	Q. Right. A. I think I did see that, yes.	Page 321
2 3 4	Q. Did you see where he said that when he learned more about the pain and the erosions and things like that, he stopped using the PROLIFT®?	ge 319	2 3 4	<ul><li>Q. Right.</li><li>A. I think I did see that, yes.</li><li>Q. His literature is certainly</li></ul>	Page 321
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	Page 322			Page 324
1	Lowman-9, Excerpt of Testimony of	1	Q. Dr. Klinge's opinion that	
2	Dr. Klinge, was marked for	2	the PROLIFT® is unsafe, that is	
3	identification.)	3	significant to you, based on his work in	
4		4	this field, correct?	
5	MR. SLATER: I'm marking	5	A. No.	
6	this as Exhibit-9.	6	Q. Look at Page 43 of your	
7	BY MR. SLATER:	7	deposition, please. Actually, start at	
8	Q. Doctor, I've handed you the	8	Line 2.	
9	testimony that we submitted at trial.	9	I asked you at your	
10	And if you can turn to Page	10	deposition: So you're not aware of	
11	23, this is Dr. Klinge's testimony.	11	whether Dr. Klinge has offered an opinion	
12	A. Okay.	12	directly about whether or not the mesh in	
13	Q. And Dr. Klinge, in clip 38,	13	the PROLIFT® is safer for use to treat	
14	it starts at Page 78, Line 6, was asked:	14	prolapse through the PROLIFT® system?	
15	After your review of all the materials in	15	Your answer was: That's	
16	this case regarding Ethicon's meshes for	16	correct.	
17	treating pelvic organ prolapse, all of	17	Because at that time you	
18			weren't aware of his opinion, correct?	
19	your work that you've done in the	18 19	• •	
	scientific literature, conferences you've			
20	spoken at around the world, the	20	Q. And then I asked you: Based	
21	conferences you've spoken as an invited	21	on Dr. Klinge's work in this field, would	
22	lecturer by Ethicon, and your work as a	22	that opinion be significant to you?	
23	hernia surgeon, both implanting and	23	And what did you say?	
24	explanting polypropylene meshes, your	24	A. It would be something that I	- 1
	Daga 222			Dago 225
1	Page 323	1	would consider ves	Page 325
1	work in reviewing thousands of hernia	1	would consider, yes.	Page 325
2	work in reviewing thousands of hernia mesh explants from humans, your review of	2	Q. Is it still something that	Page 325
2	work in reviewing thousands of hernia mesh explants from humans, your review of looking at explants from the pelvic	2	Q. Is it still something that you would consider, now that I've showed	Page 325
2 3 4	work in reviewing thousands of hernia mesh explants from humans, your review of looking at explants from the pelvic floor from the pelvic floor of women,	2 3 4	Q. Is it still something that you would consider, now that I've showed you that he has testified to this jury	Page 325
2 3 4 5	work in reviewing thousands of hernia mesh explants from humans, your review of looking at explants from the pelvic floor from the pelvic floor of women, do you have an opinion, to a reasonable	2 3 4 5	Q. Is it still something that you would consider, now that I've showed you that he has testified to this jury that the PROLIFT® is unsafe?	Page 325
2 3 4 5 6	work in reviewing thousands of hernia mesh explants from humans, your review of looking at explants from the pelvic floor from the pelvic floor of women, do you have an opinion, to a reasonable degree of medical and scientific	2 3 4 5 6	Q. Is it still something that you would consider, now that I've showed you that he has testified to this jury that the PROLIFT® is unsafe?  A. I his work in this field	Page 325
2 3 4 5 6 7	work in reviewing thousands of hernia mesh explants from humans, your review of looking at explants from the pelvic floor from the pelvic floor of women, do you have an opinion, to a reasonable degree of medical and scientific certainty, as to whether the PROLIFT® was	2 3 4 5 6 7	Q. Is it still something that you would consider, now that I've showed you that he has testified to this jury that the PROLIFT® is unsafe?  A. I his work in this field has been significant. What's been	Page 325
2 3 4 5 6 7 8	work in reviewing thousands of hernia mesh explants from humans, your review of looking at explants from the pelvic floor from the pelvic floor of women, do you have an opinion, to a reasonable degree of medical and scientific certainty, as to whether the PROLIFT® was a safe design or an unsafe defective	2 3 4 5 6 7 8	Q. Is it still something that you would consider, now that I've showed you that he has testified to this jury that the PROLIFT® is unsafe?  A. I his work in this field has been significant. What's been published in the literature, I've	Page 325
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		Page 326			Page 328
1	Q. Are you aware that the		1	don't have because you haven't examined	Ĭ
2	opinion he's offered in this trial is		2	her, correct?	
3	consistent with his medical literature?		3	A. That's correct.	
4	A. No.		4	Q. Did you speak to any of	
5	Q. Do you know that he		5	Patricia Hammons' treating doctors?	
6	testified that he published an article		6	A. No.	
7	where he tested the PROLIFT® mesh and		7	Q. Did you try to at any point?	- 1
8	found that the pores collapse and that's		8	A. No.	- 1
9	unsafe for people?		9	Q. Let's talk about a few	- 1
10	MR. ISMAIL: Objection.		10	things first.	- 1
11	BY MR. SLATER:		11	The stage of prolapse that	- 1
12	Q. And that he testified to		12	Patricia had when she first was seen by	- 1
13	that at trial?		13	Dr. Baker and went in for the surgery,	- 1
14	A. I'm not aware of that.		14	you said that Dr. Baker called it a grade	- 1
15	Q. Let's talk about Patricia		15	4, right?	- 1
16	Hammons now.		16	A. Right.	- 1
17			17	Q. You don't know what criteria	- 1
	,			<del>-</del>	- 1
18	Q. One thing you wanted to do		18	he used, right?	- 1
19	was approach the evaluation of Patricia		19	A. I'm assuming he used the	- 1
20	Hammons like the evaluation of any		20	Baden and Walker system. That's when	- 1
21	patient, right?		21	we when we say the word "grade,"	- 1
22	A. Right.		22	that's what that indicates.	- 1
23	Q. And you would want to		23	Q. That's your assumption, but	- 1
24	evaluate her condition just like you		24	that's not documented anywhere?	- 1
		Page 327		A	Page 329
1	would in your medical practice, right?	Page 327	1	A. Well, that is the	Page 329
2	would in your medical practice, right?  A. Right.	Page 327	2	documentation. When you say grade 4,	Page 329
2	would in your medical practice, right? A. Right. Q. And in your medical	Page 327	2 3	documentation. When you say grade 4, that means you're using the Baden and	Page 329
2 3 4	would in your medical practice, right? A. Right. Q. And in your medical practice, you examine your patients,	Page 327	2 3 4	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q	Page 329
2	would in your medical practice, right? A. Right. Q. And in your medical	Page 327	2 3	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.	Page 329
2 3 4 5 6	would in your medical practice, right? A. Right. Q. And in your medical practice, you examine your patients,	Page 327	2 3 4	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q	Page 329
2 3 4 5	would in your medical practice, right? A. Right. Q. And in your medical practice, you examine your patients, right?	Page 327	2 3 4 5	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.	Page 329
2 3 4 5 6	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right?  A. Right.	Page 327	2 3 4 5 6	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that	Page 329
2 3 4 5 6 7	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right?  A. Right. Q. That's because an	Page 327	2 3 4 5 6 7	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the	Page 329
2 3 4 5 6 7 8	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right?  A. Right. Q. That's because an examination is very critical to you forming a solid opinion about what's	Page 327	2 3 4 5 6 7 8	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that he said, I found this and that's why I'm	Page 329
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2 3 4 5 6 7 8 9 10 11 12 13	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right? A. Right. Q. That's because an examination is very critical to you forming a solid opinion about what's happening with the patient, right? A. Yes. It gives you greater information. Q. In fact, you would not, for		2 3 4 5 6 7 8 9 10 11 12 13	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that he said, I found this and that's why I'm calling it this grade?  A. No.  Q. And your basis for finding that there was a grade 4 prolapse is just because Dr. Baker called it a grade 4,	Page 329
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right? A. Right. Q. That's because an examination is very critical to you forming a solid opinion about what's happening with the patient, right? A. Yes. It gives you greater information. Q. In fact, you would not, for example, recommend a course of treatment to one of your patients without examining the patient; you'd want to examine her,		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that he said, I found this and that's why I'm calling it this grade?  A. No.  Q. And your basis for finding that there was a grade 4 prolapse is just because Dr. Baker called it a grade 4, right?  A. No. That's like what I testified to before, it's that is part	Page 329
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right? A. Right. Q. That's because an examination is very critical to you forming a solid opinion about what's happening with the patient, right? A. Yes. It gives you greater information. Q. In fact, you would not, for example, recommend a course of treatment to one of your patients without examining the patient; you'd want to examine her, right?		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that he said, I found this and that's why I'm calling it this grade?  A. No.  Q. And your basis for finding that there was a grade 4 prolapse is just because Dr. Baker called it a grade 4, right?  A. No. That's like what I testified to before, it's that is part of the what I'm basing that opinion on,	Page 329
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right? A. Right. Q. That's because an examination is very critical to you forming a solid opinion about what's happening with the patient, right? A. Yes. It gives you greater information. Q. In fact, you would not, for example, recommend a course of treatment to one of your patients without examining the patient; you'd want to examine her, right? A. That's correct. Q. Here, you did not examine		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that he said, I found this and that's why I'm calling it this grade?  A. No.  Q. And your basis for finding that there was a grade 4 prolapse is just because Dr. Baker called it a grade 4, right?  A. No. That's like what I testified to before, it's that is part of the what I'm basing that opinion on, but also the fact that she currently has a stage III and is asymptomatic.	Page 329
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right? A. Right. Q. That's because an examination is very critical to you forming a solid opinion about what's happening with the patient, right? A. Yes. It gives you greater information. Q. In fact, you would not, for example, recommend a course of treatment to one of your patients without examining the patient; you'd want to examine her, right? A. That's correct. Q. Here, you did not examine Patricia Hammons, correct?		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that he said, I found this and that's why I'm calling it this grade?  A. No.  Q. And your basis for finding that there was a grade 4 prolapse is just because Dr. Baker called it a grade 4, right?  A. No. That's like what I testified to before, it's that is part of the what I'm basing that opinion on, but also the fact that she currently has a stage III and is asymptomatic.  Q. Can you look at Page 2073 of	Page 329
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right? A. Right. Q. That's because an examination is very critical to you forming a solid opinion about what's happening with the patient, right? A. Yes. It gives you greater information. Q. In fact, you would not, for example, recommend a course of treatment to one of your patients without examining the patient; you'd want to examine her, right? A. That's correct. Q. Here, you did not examine Patricia Hammons, correct? A. That's correct.		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that he said, I found this and that's why I'm calling it this grade?  A. No.  Q. And your basis for finding that there was a grade 4 prolapse is just because Dr. Baker called it a grade 4, right?  A. No. That's like what I testified to before, it's that is part of the what I'm basing that opinion on, but also the fact that she currently has a stage III and is asymptomatic.  Q. Can you look at Page 2073 of your deposition, please?	Page 329
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right? A. Right. Q. That's because an examination is very critical to you forming a solid opinion about what's happening with the patient, right? A. Yes. It gives you greater information. Q. In fact, you would not, for example, recommend a course of treatment to one of your patients without examining the patient; you'd want to examine her, right? A. That's correct. Q. Here, you did not examine Patricia Hammons, correct? A. That's correct. Q. And not having your own		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that he said, I found this and that's why I'm calling it this grade?  A. No.  Q. And your basis for finding that there was a grade 4 prolapse is just because Dr. Baker called it a grade 4, right?  A. No. That's like what I testified to before, it's that is part of the what I'm basing that opinion on, but also the fact that she currently has a stage III and is asymptomatic.  Q. Can you look at Page 2073 of your deposition, please?  On Page 207, at Line 12, you	Page 329
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right? A. Right. Q. That's because an examination is very critical to you forming a solid opinion about what's happening with the patient, right? A. Yes. It gives you greater information. Q. In fact, you would not, for example, recommend a course of treatment to one of your patients without examining the patient; you'd want to examine her, right? A. That's correct. Q. Here, you did not examine Patricia Hammons, correct? A. That's correct. Q. And not having your own examination of Patricia Hammons is a		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that he said, I found this and that's why I'm calling it this grade?  A. No.  Q. And your basis for finding that there was a grade 4 prolapse is just because Dr. Baker called it a grade 4, right?  A. No. That's like what I testified to before, it's that is part of the what I'm basing that opinion on, but also the fact that she currently has a stage III and is asymptomatic.  Q. Can you look at Page 2073 of your deposition, please?  On Page 207, at Line 12, you were asked: Why do you call it a stage	Page 329
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	would in your medical practice, right?  A. Right. Q. And in your medical practice, you examine your patients, right? A. Right. Q. That's because an examination is very critical to you forming a solid opinion about what's happening with the patient, right? A. Yes. It gives you greater information. Q. In fact, you would not, for example, recommend a course of treatment to one of your patients without examining the patient; you'd want to examine her, right? A. That's correct. Q. Here, you did not examine Patricia Hammons, correct? A. That's correct. Q. And not having your own		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	documentation. When you say grade 4, that means you're using the Baden and Walker system. If you're using the POP-Q system, it's a stage.  Q. Did Dr. Baker document the findings on the exam in such a way that he said, I found this and that's why I'm calling it this grade?  A. No.  Q. And your basis for finding that there was a grade 4 prolapse is just because Dr. Baker called it a grade 4, right?  A. No. That's like what I testified to before, it's that is part of the what I'm basing that opinion on, but also the fact that she currently has a stage III and is asymptomatic.  Q. Can you look at Page 2073 of your deposition, please?  On Page 207, at Line 12, you	Page 329

1 about Dr. Baker's exam that tells you it 2 was a stage IV? 3 And what was your answer? 4 A. I'm sorry, can you start 5 over? 6 Q. Sure. 7 A. Page 207? 8 Q. Let's go to Page 207 of your 9 deposition. Page 330 1 the form of that question. 2 THE WITNESS: Can you re-ask 3 the question, please? 4 BY MR. SLATER: 5 Q. Sure. Let me ask it more 6 directly. 7 A reasonable treatment 8 option for Patricia Hammons, in May 200 9 would have been abdominal sacrocolpoper	Page 332
2 was a stage IV? 3 And what was your answer? 4 A. I'm sorry, can you start 5 over? 6 Q. Sure. 7 A. Page 207? 8 Q. Let's go to Page 207 of your 2 THE WITNESS: Can you re-ask the question, please? 4 BY MR. SLATER: 5 Q. Sure. Let me ask it more 6 directly. 7 A reasonable treatment 8 option for Patricia Hammons, in May 200	
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5 over? 6 Q. Sure. 7 A. Page 207? 8 Q. Let's go to Page 207 of your 5 Q. Sure. Let me ask it more 6 directly. 7 A reasonable treatment 8 option for Patricia Hammons, in May 200	
6 Q. Sure. 6 directly. 7 A. Page 207? 7 A reasonable treatment 8 Q. Let's go to Page 207 of your 8 option for Patricia Hammons, in May 200	
7 A. Page 207? 7 A reasonable treatment 8 Q. Let's go to Page 207 of your 8 option for Patricia Hammons, in May 200	
8 Q. Let's go to Page 207 of your 8 option for Patricia Hammons, in May 200	
0 deposition 0 would have been abdominal carrecolners	
9 would have been abdominal sacrocolpope	exy,
10 A. Okay. 10 correct?	- 1
11 Q. And on Line 12 you were 11 A. That's correct.	- 1
12 asked: Why do you call it a stage IV 12 Q. You mentioned smoking	- 1
13 prolapse preoperatively? What is it  13 before.	- 1
14 about Dr. Baker's exam that tell you it's 14 In this case, Ms. Hammons	- 1
, ,	- 1
15 a stage IV? 15 healed normally after the surgery,	
16 And your answer: Because he 16 correct?	
17 called it a stage IV, and I would assume 17 A. After which surgery?	
18 that somebody that operates on patients 18 Q. Dr. Baker's surgery.	
19 that have pelvic organ prolapse 19 A. She did.	- 1
20 understand what stage IV prolapse is, 20 Q. Her healing was not impacted	- 1
21 regardless of whether or not they can 21 in any way by her smoking that you can	- 1
22 assess POP-Q measurements. 22 see, right?	- 1
23 That was your answer under 23 A. That's correct.	- 1
24 oath, correct? 24 Q. Now, a couple of quick	- 1
21 Q. Now, a couple of quick	
Page 331	Page 333
1 A. That's correct. 1 questions about a few things you	
2 Q. If, in fact, she was a stage 2 mentioned.	- 1
3 II, would that have any impact on your 3 You mentioned IC,	- 1
4 opinions?  4 interstitial cystitis. Do you remember	- 1
	- 1
5 A. No. 5 you mentioned that?	- 1
6 Q. Now, most of the time 6 A. Yes.	- 1
7 well, let me take a step back. 7 Q. And that's when somebody has	- 1
8 When Dr. Baker assessed 8 discomfort in their bladder?	- 1
9 Patricia Hammons, she had no pain, 9 A. It's a clinical syndrome	
10 correct, preoperatively? 10 that's defined by urgency, frequency and	
11 A. Correct. 11 bladder pain.	
12 Q. Before the PROLIFT®, no 12 Q. It's not characterized by	
13 pain, right? 13 vaginal pain on intercourse, is it?	
14 A. That's correct. 14 A. Dyspareunia is one of the	
, ,	
115 O No dycharoupia corroct? 115 cymptome of interctitial cyclitic	
15 Q. No dyspareunia, correct? 15 symptoms of interstitial cystitis.	
16 A. That's correct. 16 Q. Did any doctor ever diagnose	I
16 A. That's correct. 16 Q. Did any doctor ever diagnose 17 Q. And no incontinence, right? 16 that?	
16 A. That's correct.  17 Q. And no incontinence, right?  18 A. That's correct.  16 Q. Did any doctor ever diagnose  17 that?  18 A. No.	
16 A. That's correct. 17 Q. And no incontinence, right? 18 A. That's correct. 19 Q. Your procedure of choice for 16 Q. Did any doctor ever diagnose 17 that? 18 A. No. 19 Q. Did any doctor ever put it	
16 A. That's correct.  17 Q. And no incontinence, right?  18 A. That's correct.  16 Q. Did any doctor ever diagnose  17 that?  18 A. No.	
16 A. That's correct.  17 Q. And no incontinence, right?  18 A. That's correct.  19 Q. Your procedure of choice for  20 a symptomatic cystocele or for a  16 Q. Did any doctor ever diagnose  17 that?  18 A. No.  19 Q. Did any doctor ever put it  20 in a differential of diagnosis of	
16 A. That's correct.  17 Q. And no incontinence, right?  18 A. That's correct.  19 Q. Your procedure of choice for  20 a symptomatic cystocele or for a  21 cystocele like what you think Ms. Hammons  16 Q. Did any doctor ever diagnose  17 that?  18 A. No.  19 Q. Did any doctor ever put it  20 in a differential of diagnosis of  21 potential causes?	
16 A. That's correct. 17 Q. And no incontinence, right? 18 A. That's correct. 19 Q. Your procedure of choice for 20 a symptomatic cystocele or for a 21 cystocele like what you think Ms. Hammons 22 had is an abdominal sacrocolpopexy,  16 Q. Did any doctor ever diagnose 17 that? 18 A. No. 19 Q. Did any doctor ever put it 20 in a differential of diagnosis of 21 potential causes? 22 A. No.	
16 A. That's correct.  17 Q. And no incontinence, right?  18 A. That's correct.  19 Q. Your procedure of choice for  20 a symptomatic cystocele or for a  21 cystocele like what you think Ms. Hammons  16 Q. Did any doctor ever diagnose  17 that?  18 A. No.  19 Q. Did any doctor ever put it  20 in a differential of diagnosis of  21 potential causes?	

Page 334 Page 336 Hammons? have scarring of the mesh causing banding 1 2 of the mesh, tense areas of the mesh that A. No. No one other than me. 2 3 3 are tender or painful when touched, You talked about Dr. Lackey and some of his findings about what was 4 right? You've seen that with your own 4 5 causing Patricia Hammons' issues. 5 patients, right? 6 6 Do you remember that? A. I have. 7 7 A. Uh-huh. Ο. And Dr. Heit found this to 8 8 Q. Dr. Lackey didn't know be present with Patricia Hammons, 9 9 Patricia had a PROLIFT®, did he? correct? 10 A. I believe he testified that 10 Α. Correct. he did not know that. I think that's 11 11 12 12 correct. (Whereupon, Exhibit Lowman-10, Chart, was marked for 13 If he didn't know there was 13 O. 14 a PROLIFT®, he wouldn't be in a position 14 identification.) 15 to make a full evaluation of what was 15 causing her issues, because he doesn't 16 BY MR. SLATER: know she has that system in her body, Q. Doctor, I've provided you a 17 17 18 right? 18 list and I'd like to go through it with you and ask you to confirm, if you could, 19 A. I don't think that's true. 19 that the medical records document the 20 Q. So you think Dr. Lackey can 20 21 form an opinion about what is causing 21 things that we have set forth on this Patricia's issues without knowing that 22 22 list, okav? 23 she has the PROLIFT® in there and that 23 Let me start over. I've 24 that might be a cause also? 24 marked as -- rephrase. Page 335 Page 337 He documented his physical 1 I've marked for 1 2 exam findings and what she was 2 identification Exhibit-10, is that 3 3 complaining about and drew his opinions correct? 4 based on that. 4 A. Yes. 5 5 O. This document. O. But he didn't know what was 6 going on inside her body because he 6 And you see in front of you 7 didn't know she had a PROLIFT®, right? 7 it's a list of dates and information MR. ISMAIL: Objection. 8 8 about each date? 9 9 THE WITNESS: He knew that A. Yes. she had a mesh, because she told 10 Q. Doctor, what I'd like to see 10 11 him she that had -- that she if you can confirm for me is whether the 11 medical records document each of the 12 thought they used mesh. 12 13 BY MR. SLATER: 13 findings that we've listed on this chart, okay? 14 Q. He thought it was a TVT, 14 15 15 Α. right? Okay. 16 A. I believe he commented that, 16 0. So August 30th, 2012, yes, in her subsequent evaluations. 17 patient's pain from anterior vaginal 17 Q. That's a small strip of mesh 18 18 mesh. that goes underneath the urethra; much 19 19 That is in the medical smaller and much less mesh than a 20 record, correct? 20 21 PROLIFT®, right? 21 Α. That's correct. 22 22 August 30, 2012, tense, A. Yes. 23 Q. With your own patients, you 23 tender anterior vaginal wall after have seen your own patients where they 24 vaginal mesh. 24

	,				
		Page 338		I	Page 340
1	That's in the medical		1	Q. Again on November 28, 2012,	
2	record, correct?		2	shards of mesh at base of bladder.	
3	A. That's correct.		3	That's documented by Dr.	
4	Q. September 13, 2012,		4	Heit, correct?	
5	dyspareunia secondary to anterior wall		5	A. I believe so. After his	
6	mesh.		6	excision. I think so.	
7	That's in the medical		7	Q. There were there were	
8	record, correct?		8	shards of mesh that he couldn't get out	
9	A. That's correct.		9	of the bladder that he had to leave	
10	Q. And "secondary" means caused		10	inside the bladder, correct?	
11	by, correct?		11	A. No. That was	
12	• • • • • • • • • • • • • • • • • • • •		12		
				Q. On the bladder wall?	
13	Q. November 8, 2012, pain and		13	A. There was mesh left in	
14	dyspareunia from anterior vaginal wall		14	the incorporated into the bladder	
15	mesh, right?		15	during his repair, yes.	
16	A. That's correct.		16	Q. December 13, 2012, good	
17	Q. Urinary incontinence from		17	portion of anterior wall mesh was	
18	low bladder compliance, likely related to		18	adherent if not eroding through the	
19	mesh as well.		19	bladder.	
20	That is what's documented in		20	That was documented by Dr.	
21	Dr. Heit's record, correct?		21	Heit, correct?	
22	A. That's correct.		22	A. Yes.	- 1
23	Q. Tense, tender anterior		23	Q. January 4, 2013, good	
24	vaginal wall after vaginal mesh.		24	portion of anterior wall mesh was	- 1
	raginal trail area raginal meani			portion of uncondition main mean mas	
		Page 339			Page 341
1	Again, documented in Dr	Page 339	1		Page 341
1 2	Again, documented in Dr.	Page 339	1	adherent if not eroding through bladder.	Page 341
2	Heit's medical record, correct?	Page 339	2	adherent if not eroding through bladder. He documents that again,	Page 341
2	Heit's medical record, correct?  A. Correct.	Page 339	2	adherent if not eroding through bladder. He documents that again, correct?	Page 341
2 3 4	Heit's medical record, correct? A. Correct. Q. And just to be clear, you,	Page 339	2 3 4	adherent if not eroding through bladder. He documents that again, correct? A. That's correct.	Page 341
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	Page 34	2	Page 344
1	MR. SLATER: Let's go off.	1	testimony of any of her treating
2	VIDEO TECHNICIAN: Going off	2	physicians, after January 28th, 2013,
3	the record at 7:13 p.m.	3	that any of them considered that mesh was
4		4	causing her any problems?
	(Mharaupan a briaf races	5	A. No.
5	(Whereupon, a brief recess		
6	was taken.)	6	Q. Going to the findings that
7		7	are reported here, did you, on direct
8	VIDEO TECHNICIAN: We're	8	examination, go over Dr. Heit's findings
9	back on the record at 7:15 p.m.	9	that are reflected on Exhibit-10?
10	MR. SLATER: Doctor, thank	10	A. I did.
11	you very much. I don't have any	11	Q. Did Dr. Heit explain what he
12	other questions on	12	concluded, as part of his care and
13	cross-examination.	13	treatment, was the reason why the mesh
14	THE WITNESS: Thank you.	14	was bunched and presenting the way it did
15	THE WITHLESS. Thank you.	15	to him in 2012?
16	EXAMINATION	16	A. He did.
17		17	Q. What was Dr. Heit's
18	BY MR. ISMAIL:	18	explanation for why the mesh was in the
19	Q. Dr. Lowman, it's getting	19	condition it was in, in 2012?
20	late in the evening. I don't intend to	20	A. Improper placement.
21	be very long. I appreciate your patience	21	Q. Do you agree with Dr. Heit's
22	today.	22	conclusion in that regard?
23	I'd like to begin where Mr.	23	A. I do.
24	Slater left off. Do you still have in	24	Q. Did Dr. Heit, anywhere in
			Q. Did Div Holy dilly time of the
	Page 34	}	Page 345
1	Page 34 front of you Exhibit-10?		Page 345 his records or in his testimony, conclude
1 2	front of you Exhibit-10?	1	his records or in his testimony, conclude
2	front of you Exhibit-10? A. I do.	1 2	his records or in his testimony, conclude that the mesh had contracted?
2	front of you Exhibit-10? A. I do. Q. So Dr Mr. Slater began	1 2 3	his records or in his testimony, conclude that the mesh had contracted?  A. No, he didn't.
2 3 4	front of you Exhibit-10? A. I do. Q. So Dr Mr. Slater began this summary of medical records on August	1 2 3 4	his records or in his testimony, conclude that the mesh had contracted?  A. No, he didn't. Q. Did Dr. Heit conclude,
2 3 4 5	front of you Exhibit-10? A. I do. Q. So Dr Mr. Slater began this summary of medical records on August 30, 2012?	1 2 3 4 5	his records or in his testimony, conclude that the mesh had contracted?  A. No, he didn't. Q. Did Dr. Heit conclude, anywhere in his records or in his
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2 3 4 5 6 7	front of you Exhibit-10?  A. I do. Q. So Dr Mr. Slater began this summary of medical records on August 30, 2012?  A. Yes. Q. And does it end on January	1 2 3 4 5 6 7	his records or in his testimony, conclude that the mesh had contracted?  A. No, he didn't. Q. Did Dr. Heit conclude, anywhere in his records or in his testimony, that there was something wrong with the mesh that resulted in problems
2 3 4 5 6 7 8	front of you Exhibit-10?  A. I do. Q. So Dr Mr. Slater began this summary of medical records on August 30, 2012? A. Yes.	1 2 3 4 5 6 7 8	his records or in his testimony, conclude that the mesh had contracted?  A. No, he didn't. Q. Did Dr. Heit conclude, anywhere in his records or in his testimony, that there was something wrong with the mesh that resulted in problems for Mrs. Hammons?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	front of you Exhibit-10?  A. I do. Q. So Dr Mr. Slater began this summary of medical records on August 30, 2012? A. Yes. Q. And does it end on January 28, 2013? A. Yes. Q. I want to focus on the end. Have you seen any records after January 28th from 2013, in any way from Mrs. Hammons' treating physicians, documenting problems with that mesh is causing her problems? A. No. Q. So using Mr. Slater's own chart, is there anything on Mr. Slater's chart after January 28, 2013, that documents that any of Mrs. Hammons' treating physicians believe mesh was causing her any problems?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	his records or in his testimony, conclude that the mesh had contracted?  A. No, he didn't. Q. Did Dr. Heit conclude, anywhere in his records or in his testimony, that there was something wrong with the mesh that resulted in problems for Mrs. Hammons?  MR. SLATER: Just for the record, this line of questioning about the cause of the mesh, that's beyond the scope of the direct. I didn't ask any questions about that. We move to preclude the entire line of the questioning that's what I meant, beyond the scope of cross.  MR. ISMAIL: You may answer. THE WITNESS: No.  BY MR. ISMAIL: Q. Now, turning to Dr. Lackey, I don't know if you still have it there
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	front of you Exhibit-10?  A. I do. Q. So Dr Mr. Slater began this summary of medical records on August 30, 2012? A. Yes. Q. And does it end on January 28, 2013? A. Yes. Q. I want to focus on the end. Have you seen any records after January 28th from 2013, in any way from Mrs. Hammons' treating physicians, documenting problems with that mesh is causing her problems? A. No. Q. So using Mr. Slater's own chart, is there anything on Mr. Slater's chart after January 28, 2013, that documents that any of Mrs. Hammons' treating physicians believe mesh was	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	his records or in his testimony, conclude that the mesh had contracted?  A. No, he didn't. Q. Did Dr. Heit conclude, anywhere in his records or in his testimony, that there was something wrong with the mesh that resulted in problems for Mrs. Hammons?  MR. SLATER: Just for the record, this line of questioning about the cause of the mesh, that's beyond the scope of the direct. I didn't ask any questions about that. We move to preclude the entire line of the questioning that's what I meant, beyond the scope of cross.  MR. ISMAIL: You may answer.  THE WITNESS: No.  BY MR. ISMAIL: Q. Now, turning to Dr. Lackey,

	Page 346		Page 348
1	Exhibit 100043.4. And I can put it up on	1	equipped to do an abdominal
2	the record.	2	sacrocolpopexy?
3	A. Yeah, I think it will be	3	A. I did.
4	easier for me to just look there.	4	Q. And what do you recall was
5	Q. So counsel asked you	5	his testimony?
6	MR. SLATER: Just for the	6	A. He was not.
7	record. I object to this. I	7	Q. So to the extent an
8	didn't go through medical records.	8	abdominal sacrocolpopexy would have been
9	I object.	9	appropriate for Mrs. Hammons in 2009,
10	MR. ISMAIL: Let me get my	10	would that have been for the apical
11	question out, please.	11	prolapse that she had?
12	BY MR. ISMAIL:	12	MR. SLATER: Objection.
13	Q. Did Mr. Slater ask you what	13	THE WITNESS: It would have
14	Dr. Lackey believed was the mesh that	14	been an appropriate it would
15	Mrs. Hammons had in 2009?	15	have been an appropriate option
16	A. He did.	16	for treatment of her apical
17	Q. Is that conversation between	17	prolapse. However, it was not an
18	Ms. Hammons and Dr. Lackey documented in	18	option for her because her
19	this record?	19	treating doctor was not able to
20	A. On that on this date, it	20	perform that procedure.
21	says that, She thinks they used mesh and	21	BY MR. ISMAIL:
22	those symptoms are better.	22	Q. Now, I want to turn to the
23	Q. Let's look at the	23	discussion of your study that you had
24	immediately prior sentence. Her uterus	24	with Mr. Slater, okay?
	, ,		, ,
	Page 347		Page 349
1	Page 347 is coming out and bladder was dropped.	1	Page 349 A. Okay.
1 2	Page 347 is coming out and bladder was dropped.  Correct?	1 2	A. Okay.
2	is coming out and bladder was dropped.		A. Okay.
	is coming out and bladder was dropped. Correct? A. Correct.	2	A. Okay. Q. Do you recall what exhibit
2 3 4	is coming out and bladder was dropped.  Correct?  A. Correct.	2	A. Okay. Q. Do you recall what exhibit number that was? A. 0302.
2	is coming out and bladder was dropped.  Correct?  A. Correct. Q. It says, She thinks they	2 3 4	A. Okay. Q. Do you recall what exhibit number that was? A. 0302. Q. Okay. Dr. Lowman, were you
2 3 4 5	is coming out and bladder was dropped. Correct? A. Correct. Q. It says, She thinks they used mesh and those symptoms are better. Is the TVT used to treat a	2 3 4 5	A. Okay. Q. Do you recall what exhibit number that was? A. 0302.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	is coming out and bladder was dropped.  Correct?  A. Correct. Q. It says, She thinks they used mesh and those symptoms are better.  Is the TVT used to treat a pelvic organ prolapse?  A. It's not. Q. So in terms of the mesh that was described to Dr. Lackey in November of 2009 for the treatment of pelvic organ prolapse, could that have been the TVT?  A. No. Q. Now, with respect to the abdominal sacrocolpopexy in 2009, is that surgical treatment indicated for treatment of a bladder prolapse, in 2009?  A. It's indicated for the treatment of apical prolapse. Q. Did Mrs. Hammons have an apical prolapse?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Okay. Q. Do you recall what exhibit number that was? A. 0302. Q. Okay. Dr. Lowman, were you one of the authors of this paper? A. Yes. Q. Was this paper submitted for peer review? A. It was. Q. Was this paper explain to the jury what the peer review process is. A. The peer review process is when we submit abstracts for consideration for presentation, our peers, or colleagues, review the abstracts and assess the quality of the data, the content of the data and decide whether or not they think it's something worth presenting. Q. How about and I'm
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Page 350 Page 352 1 Q. So with respect to peer charts to assess the development of de review of an article that ends up in a 2 novo dyspareunia or dyspareunia after the 2 journal, how does that process work? 3 3 indexed procedure. 4 A. You submit your article for 4 If the chart was incomplete 5 presentation. They evaluate the article 5 on that data, then we called the patients 6 and decide whether or not it's publish 6 and asked them, do you have painful 7 7 intercourse? Well, first we asked them, worthy. 8 are you sexually active? And then, do 8 Q. And what journal was this 9 9 you have painful intercourse? article published in? 10 A. The American Journal of 10 O. Did -- why did you believe that doing the study in that manner --11 Obstetrics and Gynecology. 11 12 O. And what is the significance 12 withdrawn. of that journal to the practitioners in Do you believe that doing 13 13 the study in that manner resulted in the 14 the field? 14 most reliable data that you could share 15 A. It's one of the lead 15 16 with the medical community? 16 journals in obstetrics and gynecology. Q. Did your article and your MR. SLATER: Objection. 17 17 18 description of the patients and the 18 Leading. methods you employed, was that accepted 19 19 THE WITNESS: Yes. by this journal for publication? 20 20 BY MR. ISMAIL: 21 A. It was. 21 Q. Why? 22 22 Did the description of the Because you're assessing a Ο. 23 study and the methods you employed and 23 rate of the development of an outcome. 24 everything that you went through with Mr. 24 So in doing that, you have to know Page 351 Page 353 Slater, did that go through peer review? 1 whether or not that outcome was present 1 2 It did. 2 at the baseline, which we did know Α. 3 3 Q. Now, you were describing for because patients answered questionnaires, 4 Mr. Slater what the purpose of this study 4 what we called intake questionnaires. 5 5 That means when they present was. 6 6 to our practice, they answer a Do you recall that 7 discussion? 7 questionnaire about what they're 8 presenting with. So any patient that 8 Α. I do. 9 9 comes in for us -- to us -- or any O. And there was a discussion of whether you would use questionnaires 10 patient that came in to us for evaluation 10 or some other method to assess whether 11 was given one of those questionnaires to 11 patients developed painful intercourse 12 12 fill out. 13 after the PROLIFT®. 13 On that questionnaire, it Do you recall that? says, are you sexually active? And, do 14 14 you have pain with intercourse? Two 15 I do. 15 Α. 16 Q. For the design of this 16 separate questions. So it's a objective study, what was the study -- the clinical assessment of what the patient is feeling 17 17 then. That is the most accurate researchers' method for assessing the 18 18 development of painful intercourse 19 19 assessment. 20 following surgery? 20 When we then looked at 21 A. The method was to evaluate 21 whether or not they developed de novo 22 dyspareunia after surgery, they also fill their charts to assess baseline 22 out that same questionnaire when they 23 dyspareunia, because that's the most 23 24 objective assessment, and evaluate their 24 come back to see us for a six-month

Page 354 Page 356 1 postop check, which is what I explain in 1 somewhere in my question, so let me 2 2 the paper. re-ask it. 3 3 So we have a preop First, let me ask it this way: Do you believe that your method of 4 assessment that's subjective and asks 4 5 them about what they're feeling then. We 5 examining de novo dyspareunia in this 6 have a six-month assessment that also 6 paper was the appropriate method? 7 7 asks them about what they are feeling Α. Yes. 8 8 then. Q. And why is that? 9 9 Because of exactly what I If we had not had A. 10 patients -- say we had performed a 10 just said. You can't -- if you have a PROLIFT® on a patient and they were three questionnaire that's an anonymous 11 11 months postop, then I picked up the phone 12 12 questionnaire, there is no way for me to and called them and asked them, are you tell whose answer belongs to who, you 13 13 sexually active? Do you have painful can't assess a de novo dyspareunia rate 14 14 intercourse? That's why that assessment 15 15 that way. was done with chart review and telephone 16 16 Was your paper recognized as being of distinction in the medical 17 assessment. 17 18 In the questionnaires, we 18 community? 19 asked them, do you have painful 19 MR. SLATER: Objection. 20 intercourse? Did you have painful 20 THE WITNESS: Yes, it was. 21 intercourse before surgery? That was not 21 BY MR. ISMAIL: to calculate de novo dyspareunia rate. O. Please tell us about that. 22 22 23 That was to classify the answers in the 23 So the Society of Α. 24 questionnaire. 24 Gynecologic Surgeons -- every medical Page 355 Page 357 Q. So -- go ahead. I didn't 1 conference that we have is a conference 1 2 mean to cut you off. 2 about research. So people present their 3 data, present their research. And not 3 A. The questionnaires that were 4 sent out, 41 were answered. Of the 41 4 everyone is selected to do that. 5 that answered the questionnaire, eight 5 The papers that are thought 6 reported dyspareunia at baseline, 6 to be most impactful are selected for 7 therefore, 13 out of the 41 that answered 7 presentation, so that the peers that are 8 8 the questionnaire had de novo at the meeting can evaluate the paper, 9 9 criticize the paper, analyze the paper dyspareunia. 10 10 and decide whether or not they think it's The denominator is not the 11 number of patients that were sexually 11 something that's relevant. So not even active, it's the number of patients that 12 12 every paper is selected for presentation, 13 answered the questionnaire. 13 number one. 14 O. So in terms of the 14 But then also certain papers 15 calculation that Mr. Slater was trying to are given awards, if they think that the 15 16 do on his examination, do you believe 16 research is outstanding. And my paper was given one of those awards. that that was an appropriate calculation 17 17 to undertake based on the design of the Q. Was the critique that Mr. 18 18 19 study? 19 Slater did of your paper, do you believe 20 20 that was valid? Yes. That is the most 21 appropriate way to evaluate that, that's 21 Α. No. why this paper won a research award at 22 22 This information that you've O. 23 the Society of Gynecologic Surgeons. 23 published here, Doctor, was this out in 24 Q. I think I had a negative 24 the scientific community as of what date?

		Page 358			ige 360
1	A. 2008.		1	MR. SLATER: Oh, come on.	
2	Q. I want you to turn to Page		2	BY MR. ISMAIL:	
3	E4 of your paper and go to Table 4.		3	Q. Doctor, is this an article	
4	Now, in Table 4, do you		4	by de Landsheere?	
5	compare the rate of dyspareunia that you		5	A. It is.	
6	detected in your study compared to		6	Q. Is this one of the papers	
7	alternative options to treat pelvic organ		7	you considered in this case?	
8	prolapse?		8	A. It is.	
9	MR. SLATER: Objection.		9	Q. Is this paper authoritative?	
10	This is far beyond the scope of		10	A. It is.	
11	what I asked her on		11	Q. Is it reliable?	
12	cross-examination.		12	A. Yes.	
13	THE WITNESS: I did.		13	Q. Is this what type of	
14	BY MR. ISMAIL:		14	study is this, that's being reported	
15	Q. What was the rate of de novo		15	here?	
16	dyspareunia that you reported?		16	A. This is a retrospective	
17	A. 16.7 percent.		17	single-center study including 524	
18	Q. Is that anywhere near the		18	patients who were followed for three	
19	30-plus percent that Dr. Weber said was		19	years a median of three years.	
20	in your paper?		20	MR. SLATER: I just want to	
21	A. No.		21	make it clear, I'm objecting. Not	
22	Q. Looking at Table 4, how does		22	only is this beyond the scope, the	
23	the PROLIFT® compare to these other		23	doctor was not asked about this	
24	treatment options that are reflected in		24	article. There's a ton of	
	•				- 1
		Page 359		Pa	nge 361
1	this table on this guestion of de novo	Page 359	1		ige 361
1 2	this table on this question of de novo dyspareunia?	Page 359	1 2	articles on her reliance list.	ige 361
2	dyspareunia?	Page 359	2	articles on her reliance list. Are you now going to go through	nge 361
2	dyspareunia? A. It compares favorably.	Page 359	2	articles on her reliance list.  Are you now going to go through all of them? Of course not. And	age 361
2 3 4	dyspareunia? A. It compares favorably. Q. Doctor, on this question	Page 359	2 3 4	articles on her reliance list.  Are you now going to go through all of them? Of course not. And it's hearsay.	age 361
2 3 4 5	dyspareunia?  A. It compares favorably. Q. Doctor, on this question of counsel talked to you about	Page 359	2 3 4 5	articles on her reliance list.  Are you now going to go through all of them? Of course not. And it's hearsay.  BY MR. ISMAIL:	nge 361
2 3 4 5 6	dyspareunia? A. It compares favorably. Q. Doctor, on this question of counsel talked to you about withdrawn.	Page 359	2 3 4 5 6	articles on her reliance list.  Are you now going to go through all of them? Of course not. And it's hearsay.  BY MR. ISMAIL:  Q. Doctor, I want to ask you to	age 361
2 3 4 5 6 7	dyspareunia?  A. It compares favorably. Q. Doctor, on this question of counsel talked to you about withdrawn.  I'm going to hand you what		2 3 4 5 6 7	articles on her reliance list. Are you now going to go through all of them? Of course not. And it's hearsay. BY MR. ISMAIL: Q. Doctor, I want to ask you to turn to the last part of the article, if	age 361
2 3 4 5 6 7 8	dyspareunia?  A. It compares favorably. Q. Doctor, on this question of counsel talked to you about withdrawn.  I'm going to hand you what has been marked as Defense Exhibit-31991		2 3 4 5 6 7 8	articles on her reliance list. Are you now going to go through all of them? Of course not. And it's hearsay. BY MR. ISMAIL: Q. Doctor, I want to ask you to turn to the last part of the article, if I could.	age 361
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	dyspareunia?  A. It compares favorably. Q. Doctor, on this question of counsel talked to you about withdrawn.  I'm going to hand you what has been marked as Defense Exhibit-31991 And, Doctor, are you familiar with this paper?  A. I am.  MR. SLATER: I object. This is beyond the scope. The doctor wasn't asked about this article at all.		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	articles on her reliance list. Are you now going to go through all of them? Of course not. And it's hearsay.  BY MR. ISMAIL: Q. Doctor, I want to ask you to turn to the last part of the article, if I could. A. The last page? Q. Yes. Of the article. A. Okay. Q. You indicated this was three-year follow-up data; is that correct? A. That's correct. Q. Approximately how long did Mrs. Hammons have her PROLIFT® before Di	
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	dyspareunia?  A. It compares favorably. Q. Doctor, on this question of counsel talked to you about withdrawn.  I'm going to hand you what has been marked as Defense Exhibit-31991 And, Doctor, are you familiar with this paper?  A. I am.  MR. SLATER: I object. This is beyond the scope. The doctor wasn't asked about this article at all.  MR. ISMAIL: It doesn't matter.  MR. SLATER: It doesn't? MR. ISMAIL: No. MR. SLATER: How is this implicated by the scope of		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	articles on her reliance list. Are you now going to go through all of them? Of course not. And it's hearsay.  BY MR. ISMAIL: Q. Doctor, I want to ask you to turn to the last part of the article, if I could. A. The last page? Q. Yes. Of the article. A. Okay. Q. You indicated this was three-year follow-up data; is that correct? A. That's correct. Q. Approximately how long did Mrs. Hammons have her PROLIFT® before Dileit surgically removed it? A. About three years. Q. And if you look to the right column, the paragraph that begins, In	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	dyspareunia?  A. It compares favorably. Q. Doctor, on this question of counsel talked to you about withdrawn.  I'm going to hand you what has been marked as Defense Exhibit-31991 And, Doctor, are you familiar with this paper?  A. I am.  MR. SLATER: I object. This is beyond the scope. The doctor wasn't asked about this article at all.  MR. ISMAIL: It doesn't matter.  MR. SLATER: It doesn't? MR. ISMAIL: No. MR. SLATER: How is this implicated by the scope of cross-examination?		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	articles on her reliance list. Are you now going to go through all of them? Of course not. And it's hearsay.  BY MR. ISMAIL: Q. Doctor, I want to ask you to turn to the last part of the article, if I could. A. The last page? Q. Yes. Of the article. A. Okay. Q. You indicated this was three-year follow-up data; is that correct? A. That's correct. Q. Approximately how long did Mrs. Hammons have her PROLIFT® before Diteit surgically removed it? A. About three years. Q. And if you look to the right column, the paragraph that begins, In conclusion.	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	dyspareunia?  A. It compares favorably. Q. Doctor, on this question of counsel talked to you about withdrawn.  I'm going to hand you what has been marked as Defense Exhibit-31991 And, Doctor, are you familiar with this paper?  A. I am.  MR. SLATER: I object. This is beyond the scope. The doctor wasn't asked about this article at all.  MR. ISMAIL: It doesn't matter.  MR. SLATER: It doesn't? MR. ISMAIL: No. MR. SLATER: How is this implicated by the scope of		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	articles on her reliance list. Are you now going to go through all of them? Of course not. And it's hearsay.  BY MR. ISMAIL: Q. Doctor, I want to ask you to turn to the last part of the article, if I could. A. The last page? Q. Yes. Of the article. A. Okay. Q. You indicated this was three-year follow-up data; is that correct? A. That's correct. Q. Approximately how long did Mrs. Hammons have her PROLIFT® before Dileit surgically removed it? A. About three years. Q. And if you look to the right column, the paragraph that begins, In	

		Page 362		Pa	ge 364
1	bottom part of that.		1	Do you recall that?	
2	Does this read, The three		2	A. I recall that.	
3	years median follow-up result showed that		3	Q. Where do individual case	
4	this procedure is safe and effective in		4	reports like that fall on the levels of	
5	the median term?		5	reliability that researchers such as	
6	Did I read that correctly?		6	yourself use when answering scientific	
7	A. Yes.		7	questions?	
8	Q. And "this procedure," what		8	MR. SLATER: Objection.	
9	does it relate to that's being described		9	Again, beyond the scope.	
10	here?		10	THE WITNESS: It's the	
11	A. Complications.		11	lowest level.	
12	Q. What specific surgical		12	BY MR. ISMAIL:	
13	procedure? Does this relate to the		13		
14	•			Q. When you were asked to	
15	PROLIFT®? Let me ask it that way.		14	investigate the issues and to share your	
	A. Yes.		15	findings with the jury, what approach to	
16	Q. So the conclusion of this		16	answering scientific questions did you	
17	paper, what does it say about whether the		17	bring to this case?	
18	PROLIFT® is a safe and effective		18	A. As I described before, I	
19	treatment for pelvic organ prolapse, at		19	used evidence-based medicine, which means	
20	least for the period of time in which		20	that you specifically rely on the most	
21	Mrs. Hammons had it?		21	reliable science, the most reliable	
22	A. It's saying that it's safe		22	evidence.	
23	and effective.		23	The de Landsheere study is	
24	Q. Do you agree with these		24	more reliable than many of the studies	
		Page 363		Pa	ge 365
1	results?	rage 303	1	that we talked about, that Mr. Slater	ge 303
2	A. I do.		2	talked, about because it's got a larger	
3				taiked, about because it's got a larger	
			٠,	group of nationts. Larger cohort studies	
	Q. Counsel asked you a lot of		3 ⊿	group of patients. Larger cohort studies	
4	questions about internal e-mails and		4	are more reliable than smaller cohort	
4 5	questions about internal e-mails and policies that may or may not be a part of		4 5	are more reliable than smaller cohort studies.	
4 5 6	questions about internal e-mails and policies that may or may not be a part of Ethicon.		4 5 6	are more reliable than smaller cohort studies.  In making my opinions, or in	
4 5 6 7	questions about internal e-mails and policies that may or may not be a part of Ethicon.  Do you recall all that?		4 5 6 7	are more reliable than smaller cohort studies.  In making my opinions, or in coming to my conclusions, I used the	
4 5 6 7 8	questions about internal e-mails and policies that may or may not be a part of Ethicon.  Do you recall all that?  A. Yes.		4 5 6 7 8	are more reliable than smaller cohort studies.  In making my opinions, or in coming to my conclusions, I used the highest levels of evidence.	
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	Page 370		6 71	Page 372
1	A. Yes.	1	for. I'm interpreting the	
2	Q. And this is the IFU for	2	sentence that you just had me look	
3	GYNEMESH®® PS.	3	at, and it doesn't say what you	
4	Do you see that?	4	just said it says. It doesn't say	
5	A. I see this, yes.	5	it's only indicated for	
6	MR. ISMAIL: Objection to	6	implantation in the abdomen. It	
7	the form. Violates motion in	7	doesn't say that.	
8	limine.	8	BY MR. SLATER:	
9	BY MR. SLATER:	9	Q. Doctor, you mentioned	
10	Q. And if you look at the	10	earlier, you were talking about	
11	indications, it talks about the use of	11	A. And underneath there, it	
12	the GYNEMESH®®®, and it indicates it's	12	says contraindications, and it doesn't	
13	indicated for use as a bridging material	13	say that it should not be used in the	
14	for apical vaginal and uterine prolapse.	14	vagina.	
15	For surgical treatment, laparotomy or	15	Q. Doctor, you talked earlier	
16	laparoscopic approach is warranted.	16	about the PROLIFT® and you spoke in the	
17	Do you see that?	17	present tense, and you talked about use	
18	A. I see that.	18	of GYNEMESH®® PS.	
19	MR. ISMAIL: Objection.	19	You're aware that the	
20	BY MR. SLATER:	20	PROLIFT® is no longer marketed, right?	
21	Q. You weren't aware that	21		
22	Ethicon had limited the indications of	22	MR. ISMAIL: Objection. Violates motion in limine and	
23	GYNEMESH®® PS only to be placed	23	stipulation.	
24	abdominally through either a laparotomy	24	THE WITNESS: I'm aware of	
	Page 371			Page 373
	Page 371 or laparoscopic approach?	1	that, ves.	Page 373
1 2	or laparoscopic approach?	1 2	that, yes. BY MR. SLATER:	Page 373
2	or laparoscopic approach?  A. It doesn't	2	BY MR. SLATER:	Page 373
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1		Page 374		Page :	376
1	THE WITNESS: No.		1	first time, right?	
2	BY MR. SLATER:		2	A. That's correct.	
3	Q. And it wouldn't matter to		3	Q. Are you aware of Dr. Heit's	
4	you what the reason is, that wouldn't		4	history of acting as a consultant for	
5	impact your opinions at all, right?		5	Ethicon and having been paid money by	
6	MR. ISMAIL: Same three		6	Ethicon over the years?	
7	objections. Beyond the scope.		7	MR. ISMAIL: Objection.	
8	Violates court order and		8	Beyond the scope. Lack of	
9	stipulation.		9	foundation. Assumes facts not in	
10	THE WITNESS: No.		10	evidence.	
11	BY MR. SLATER:		11	THE WITNESS: No, I'm not.	
12	Q. Doctor, you were asked about		12	BY MR. SLATER:	
13	whether or not there's documentation of		13	Q. You talked about Dr. Lackey	
14	complaints of dyspareunia after 2013.		14	and where remember counsel showed you	
15				•	
	Do you remember that?		15	a part of a medical record?	
16	A. Yes.		16	A. Yes.	
17	Q. Is there any doctor who is		17	Q. And you basically said,	
18	documenting that Ms. Hammons is no		18	yeah, from that you could figure out it	
19	longer has dyspareunia? That it actually		19	would be a bladder suspension or	
20	says that?		20	something like that, right?	
21	A. I don't remember any		21	A. Yes.	
22	documentation of dyspareunia.		22	Q. But Dr. Lackey, in another	
23	Q. Does any doctor, after 2013,		23	record, calls it a TVT; so he wasn't able	
24	say that Ms. Hammons does not have		24	to figure that out, right?	
1	dvenarounia?	Page 375	1	Page:	377
1	dyspareunia?		1	MR. ISMAIL: Objection.	
2	A. No.		2	Compound. Lack of foundation.	
1 2			_	THE WITNESS. Do I a also see	
3	Q. You talked about Dr. Heit		3	THE WITNESS: Dr. Lackey, in	
4	saying that the mesh was improperly		4	a subsequent progress report, said	
4 5	saying that the mesh was improperly placed; counsel asked you about that a		4 5	a subsequent progress report, said that he could feel the tape and	
4 5 6	saying that the mesh was improperly placed; counsel asked you about that a few minutes ago.		4 5 6	a subsequent progress report, said that he could feel the tape and something about suspecting that it	
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		Page 378			Page 380
1	it was three years later, wasn't		1	questionnaires, and that brought the	
2	it? Or two years later?		2	number down 7 percent from what you had	i
3	MR. SLATER: Move to strike		3	reported in the abstract, correct?	
4	from "but" forward.		4	A. No.	
5	BY MR. SLATER:		5	Q. The number didn't go down by	
6	Q. Dr. Baker, if he had known		6	7 percent?	
7	all the risks of the PROLIFT®, as he said		7	<ul> <li>A. No. I have explained that</li> </ul>	
8	in his testimony he didn't, he could have		8	extensively what happened, why the	
9	referred Ms. Hammons to another doctor,		9	abstract numbers are different than the	
10	right?		10	final paper.	
11	MR. ISMAIL: Objection.		11	We weren't even done doing	
12	Calls for speculation.		12	the study when we submitted the abstract.	
13	THE WITNESS: Yes, he could		13	That's why the numbers are different.	
14	have.		14	Q. Does it say anywhere in the	
15	BY MR. SLATER:		15	abstract that the method you're using to	
16	Q. Dr. Baker could have		16	calculate the numbers is different than	
17	referred Ms. Hammons to another doctor if		17	what was intended?	
18	she chose a procedure he didn't perform,		18	MR. ISMAIL: Objection.	
19	correct?		19	Vague. I don't even know what	
20	MR. ISMAIL: Objection.		20	that means.	
21	Calls for speculation.		21	THE WITNESS: The methods	
22	THE WITNESS: Yes.		22	that we used to calculate the	
23	BY MR. SLATER:		23	numbers were not different than	
24	Q. That happens all the time in		24	what was intended. But in my	
				<u> </u>	
		Page 379			Page 381
1	the medical field, correct?		1	abstract where is it?	
2	MR. ISMAIL: Objection.		2	I state, All cases of	
3	Lack of foundation.		3	PROLIFT® performed were evaluated.	i
4	THE WITNESS: Assuming that		4	Patients were contacted by phone	
5	you have someone to refer to, yes.		5	to assess sexual activity and	
6	BY MR. SLATER:		6	obtain informed consent. Those	
7	Q. You went through your		7	that were sexually active were	
8	calculations and peer review and all		8	mailed a validated	
9	those things on your article.		9	condition-specific questionnaires	
10	Do you remember that?		10	and a seven-items questionnaire.	
11	A. Yes.		11	The rate of dyspareunia was	
12	Q. Just to be clear, in the		12	calculated; type of dyspareunia,	
	•		12 13	calculated; type of dyspareunia, degree of dyspareunia,	
12	abstract, you talked about questionnaires			degree of dyspareunia,	
12 13	abstract, you talked about questionnaires and said based on the questionnaires you		13	degree of dyspareunia, demographics, et cetera.	
12 13 14 15	abstract, you talked about questionnaires and said based on the questionnaires you came to 24 percent, right?		13 14 15	degree of dyspareunia, demographics, et cetera. I say here that there's a	
12 13 14 15 16	abstract, you talked about questionnaires and said based on the questionnaires you came to 24 percent, right?  A. I'd have to look at it		13 14 15 16	degree of dyspareunia, demographics, et cetera. I say here that there's a part in here, I believe, where I	
12 13 14 15 16 17	abstract, you talked about questionnaires and said based on the questionnaires you came to 24 percent, right?  A. I'd have to look at it again. We talked about the assessment		13 14 15 16 17	degree of dyspareunia, demographics, et cetera. I say here that there's a part in here, I believe, where I explain the fact that there are	
12 13 14 15 16 17 18	abstract, you talked about questionnaires and said based on the questionnaires you came to 24 percent, right?  A. I'd have to look at it again. We talked about the assessment Q. I'm asking you what you said		13 14 15 16 17 18	degree of dyspareunia, demographics, et cetera. I say here that there's a part in here, I believe, where I explain the fact that there are several sexually active	
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		Page 382	_		Page 384
1	sexual intercourse but have		1	excision.	ı
2	enrolled in the study and will be		2	Right?	ı
3	evaluated over the next several		3	A. Right.	ı
4	months.		4	Q. And then further down, if	ı
5	Indicating that this was not		5	you go through the complications, there	ı
6	complete data.		6	were two patients with severe symptomatic	ı
7	MR. SLATER: Move to strike.		7	mesh retraction, right?	ı
8	BY MR. SLATER:		8	A. Yes. Which was .4 percent	ı
9	Q. I only have a couple more		9	of those patients.	ı
10	questions.		10	MR. SLATER: Move to strike.	ı
11	A. Okay.		11	Didn't ask that.	ı
12	Q. This is conditional, in case		12	BY MR. SLATER:	ı
13	the de Landsheere article is permitted,		13	Q. Doctor, you were asked	ı
14	which we think is beyond the scope of the		14	questions about e-mails and whether	ı
15	cross.		15	that's scientific evidence.	ı
16	Doctor, in the de Landsheere		16	Do you remember that?	ı
17	article that you were asked about		17	A. Yes.	
18	A. Yes.		18	Q. Do you understand that in a	ı
19			19	court of law, company documents like	ı
			20	e-mails and internal documents are	ı
20	A. Yes.		_		ı
21	Q. They talk about the number		21	admissible and can be considered by the	ı
22	of mesh exposures and 13 out of the 14		22	jury in deciding whether the product was	ı
23	mesh exposures required surgery, correct?		23	defective and whether Ethicon acted	ı
24	A. Where are you reading that?		24	reasonably?	
		Daga 202		n	Dago 20F
1	O In the left column	Page 383	1		age 385
1 2	Q. In the left column.	Page 383	1	MR. ISMAIL: Objection.	Page 385
2	The most frequent	Page 383	2	MR. ISMAIL: Objection. Argumentative.	age 385
2	The most frequent complication was mesh exposure which	Page 383	2	MR. ISMAIL: Objection. Argumentative. THE WITNESS: I accept that.	Page 385
2 3 4	The most frequent complication was mesh exposure which happened	Page 383	2 3 4	MR. ISMAIL: Objection. Argumentative. THE WITNESS: I accept that. BY MR. SLATER:	Page 385
2 3 4 5	The most frequent complication was mesh exposure which happened A. What paragraph?	Page 383	2 3 4 5	MR. ISMAIL: Objection. Argumentative. THE WITNESS: I accept that. BY MR. SLATER: Q. You didn't consider that	Page 385
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		Page 386			Page 388
1	MR. ISMAIL: Thank you.		1	CERTIFICATE	
2	MR. SLATER: Nobody jumped over the table.		2		
4	BY MR. ISMAIL:		4	I HEREBY CERTIFY that the	
5	Q. Doctor, I want to go to the		5	witness was duly sworn by me and that the	
6	section that Mr. Slater just read to you		6 7	deposition is a true record of the testimony given by the witness.	
7	about the de Landsheere paper.		8	testimony given by the manessi	
8 9	A. Yes. Q. He said two patients were		9		
10	reported here as having retraction,		10	Amanda Maslynsky-Miller	
11	right?		11	Certified Realtime Reporter	
12	A. Yes.			Dated: December 13, 2015	
13	MR. SLATER: Objection.		12 13		
14 15	Foundation. Mischaracterizes. Hearsay.		14		
16	BY MR. ISMAIL:		15		
17	Q. The how many patients		16	/The foregoing contification	
18	were in this study?		17 18	(The foregoing certification of this transcript does not apply to any	
19 20	<ul><li>A. Over 500; 524.</li><li>Q. So what was the complication</li></ul>		19	reproduction of the same by any means,	
21	rate for the data that Mr. Slater		20	unless under the direct control and/or	
22	directed you on recross-examination?		21 22	supervision of the certifying reporter.)	
23	MR. SLATER: Same		23		
24	objections.		24		
		Page 387			Page 389
1	THE WITNESS: For the two	Page 387	1	LAWYER'S NOTES	Page 389
2	patients it was .4 percent.	Page 387	2	PAGE LINE	Page 389
		Page 387			Page 389
2 3 4 5	patients it was .4 percent.  MR. ISMAIL: Thank you. Dr. Lowman, you're done.  VIDEO TECHNICIAN: This ends	Page 387	2 3 4 5	PAGE LINE	Page 389
2 3 4 5 6	patients it was .4 percent.  MR. ISMAIL: Thank you. Dr. Lowman, you're done.  VIDEO TECHNICIAN: This ends today's deposition. We're going	Page 387	2 3 4 5 6	PAGE LINE	Page 389
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